Medicine from Bad Pharma to Bad Science

How the Medical Trade, is Destroying Lives, At An Industry Scale

Order of Good News

Medicine
From Bad Pharma
To Bad Science

How the Medical Trade, is Destroying Lives,
At An Industry Scale

Includes: COVID-19 The UN-TOLD Story Part IV

An Antidote to the Great Reset

The circle with the Cross
These make for the sign that all thou hast heard is fulfilled in Him

Hospitallers Order of the Good News

The Lord He Is God

Trust in Him who Is the Way

Keep thy faith in Him, that All will be and is right!

And make thy life, thy activities in accord with same!

Book Title: Medicine, From Bad Pharma to Bad Science

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Without Him to lead, and the Team to help, this and all other Books, that have been published by the Order, could have not been written, in a speedy way, that they have been.

For the task at hand, is enormous, and the days and nights, I have denied myself, this in and for the benefit of others. For the help, of he who is in need of it.

And also that man may know that He, indeed, is mindful of each one of you. Seek Him, and Glorify Him, for He Is Thy God and Saviour.

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In Gratitude To

This Book is dedicated to the following:

To the God of Abraham: Who Is The God of Humankind, Our One and Only Lord and Saviour The Christ.

We Dedicate this Book to: to all those who have perished at the hands of ignorant men; To all those Wise Men who understood the difference between what is right and what is wrong; To those wise ones, who are ever present and let not fall civilization.

"The Lord He is God"

Has in the Oneness of the Living God the Christ Our Lord and Saviours, so it is in the oneness of comprehension and understanding in which those points of truth these authors all conclude and agree upon.

And as a result on which they all agreement this book is produced and given as a testimony that: "The Lord He is God", and the Lord walks with us everyday, even if you do not see Him, He is with us, He is with those who ask for Him for the Lord Is God of Humankind.

These are not vain words, but are those words from those who know The Lord, His Ways, His Coming.

And many others whose names do not appear here but they know who they are.

To all physicians, whose convictions regarding the soundness of principles set forth in this work, and whose fearless advocacy of therapy based on these principles have been a constant source of encouragement and inspiration to many, this book is also dedicated.

Acknowledgements

The collective knowledge generated from academic research summarized in various references has been critical in the creation of this published work, which is best viewed as a comprehensive compilation and collection of published information by many authors throughout the ages, as well as personal and clinical experience in the treatment of self and others.

This work was possible only by the guidance and Light of Christ who Is God.

A special thanks also to those who work with Him and help all of us.

May each individual be able, to find this eternal truth, while on earth.

Credits and References

Although all credits and references where given to the best of our knowledge and information contained in the central archives of the Hospitallers Order of the Good News.

If there is any errors or mistakes we kindly ask the reader to allow the knowledge of such items in order to rectify same in future editions of the present Book.

Health and Therapeutic Journals and Books

The present work rests upon the foundations of those civilization luminaries, men and woman of exceptional talent, intuition, and detailed observation.

Furthermore it was a privilege to us, for them to have the dedication and time to write and publish their clinical findings.

There is then a vast amount of Journals and Books devoted to the Health and Therapeutics.

Of these printed records those from 1850 to 1950 in this 100 year period we specially encounter that the majority of what is to be known concerning disease its origin and its treatment and cure, where in fact correctly identified.

These records, in their collective, contain timeless observations of which many remain permanent truths.

These pearls are hidden from plain sight, only the adept or the initiated can identify them and pick one by one, from the surrounding confusion.

Sources

This book is a Record of the clinical findings of many great Health Practitioners, their findings remain the same throughout the centuries. All share the same conclusion.

The Truth is in plain site.

Apart from the Archives of the Hospitallers Order of the Good News Library, we are also very grateful to all libraries, who have kept books for the last 200 years, those of which by their keeping allowed the information on those books to survive, and be upon their withdrawn from their keeping available to purchase by the Order, and kept in its Archives and Library.

The Hospitallers Order of the Good News, has therefore obtained many of this rare Books, many of which are not available, nor found in libraries, for this we thank The Lord who Is God, for having placed the same in keeping of the Order.

Errors & Omissions

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Dedication

"To the victims, past and present, rich and poor, of Adulterated Food, Patent Medicines, Compulsory Vaccination, Abuse of Surgery, *booze-guzzling, industrial diseases, autocracy of dress, false modesty, sex ignorance, and conventional hypocrisy;* ***to those, who never had a real opportunity to learn the truth, being kept in ignorance through the vicarious and popular channels of misinformation.***

To those, whose nerves, muscles, bones, marrow, and blood have been converted into dollars, and cents under, the iron heel of commercial greed, in the name of health, science, *and benevolence; to those, whose inner and better selves remain crushed and stifled as a result of monotonous, loveless lives, tyrannical and fanatic parents, and uninspiring surroundings in general; to the patient "sons of toil", who constantly undermine their health and risk their lives, making it possible for us to appreciate art, music, literature, culture, and invention that the genius of human brain has brought forth, yet have for themselves little in return, save fatigue,* ***malnutrition, soul-starvation,*** *anxiety, fear,* ***filth and premature death.***

To all these victims of our seething, restless, debauching, artificial, and health-wrecking era, impudently labelled "civilized".

I affectionately and hopefully dedicate this book." *- Dr Simon Louis Katzoff, MD, in* ***"Timely Truths on Human Health", 1921.***

"The present work is written for the double purpose of correcting error, and imparting truth. *Its purpose is not to attack men, nor systems,* ***but simply to state facts by which their pretensions may be judged."*** *- Dr Frederick Hollick, MD in "Neuropathy, or The true principles of the art of healing the sick", 1847.*

Disclaimer

“The content of this Book, is based on research conducted by the members of the Hospitallers Order of the Good News, unless otherwise noted. The information is presented for educational purposes only, and is not intended to diagnose or prescribe for any so-called “medical” or “psychological” “condition”, nor to prevent, treat, mitigate or cure such “conditions”. The information contained herein is not intended to replace a one-on-one relationship with a qualified healthcare professional.

This information is not intended as “medical” advice, but rather **a sharing of knowledge and information based on research and experience.**

The Hospitallers Order of the Good News, encourages the reader to; “Make your own health Care decisions based on your judgment, and research in partnership with a qualified Health Care Professional.”

But be aware of not choosing, the Medical Trade, for Health Science and Medical Science are two different things.

These statements have not been evaluated by the so-called Food and Drug Administration, in the USA.

The information on this Book is not intended to diagnose, treat, cure or prevent any disease, by means used by the Medical Trade.

As sad it may be, that one is forced to place such a disclaimer, just serves to illustrate the state where the present civilization is at the moment.

A civilization founded on lies, has no future, a civilization based on false or fake pretences, has no future, a civilization that follows political correctness is fake by proxy.

To sustain the manner of thinking in the present civilization is to sustain a lie.

Thus the solution is to establish a New Civilization, based on a New Science. This if Humankind will ever have a chance to progress in this third dimension on Earth.

In that the End of Times and the Beginning of a New Era, 2022.

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https://books.google.com/books/about?id=Ivh7EAAAQBAJ

Alternatively you can request a copy of the Annex from our email: ssanctuary@gmail.com

Introduction

Definition of Conventional Medicine

> *"Conventional Medicine:* ***A system in which Medical Doctors and other healthcare professionals (such as nurses, pharmacists, and therapists) treat symptoms and diseases using drugs, radiation, or surgery. Also called allopathic medicine, biomedicine, mainstream medicine, orthodox medicine, and Western medicine."*** *- in "National Cancer Institute at the National Institutes of Health", Dictionary of Cancer Terms, 31 March 2022.*

The Medical Trade has become the single most nefast force of this our present civilization.

Behind the Medical Trade and the Synthetic Drug Companies, there are investors (shareholders).

Both the Medical Trade and the Pharmaceutical Industry are businesses, and are on the loose, **they are as things stand today, unanswerable to no one.**

The Medical Trade, brings earlier death, not health!

The Drug Companies, with their poisonous chemicals, create diseases, not cures!

Thus to destroy both the Economy and the Health of a country, there is nothing better than to throw away money and time at the Medical Trade.

We had no intention of writing the 4 books of this series. But, the evidence was so overwhelming, and having still more material available to write a further 4 more books on this subject matter. But, one would wish that this would be the last book of this series, as other books await

to be written, in other equal and important subjects, that the reader, may, and will learn, and may he understand, the functioning of his own body, and how to obtain health, and to be aware of how: All Medical Trade interventions, are detrimental to his health (ones health).

For the Medical Trade, doesn't deliver cures, for the body, both in humans, has in animals, cures it self, this is a fact acknowledged by everyone.

It is hoped that the reader, has been made aware of the level of corruption and untrustworthy of many an individual in the political arena, and the financial profits that some in the corporate world can obtain by the intrigant manipulation of science and truth.

By careful orchestration in the creation, and maintenance of public ignorance.

By creating far-fetch concepts that are Fata Morganas, aimed to deceive the uneducated for Financial Profit.

In Chapter 13 it is shown the Hassle, Fraud, Psychological Manipulation, and the Coercion of the population of the entire planet.

All this for the sole purpose of the pursue of profit.

It is simply beyond believe, to subject the entire human population to a de facto incarceration, house arrest.

Another aspect which was incredible to see, was the fact that **those who where supposed to protect the population from the Pharmaceutical Industry, in fact encouraged and facilitated these multinational companies (which are answerable to shareholders, which have a fiduciary obligation to shareholders only), these so-called regulatory organisations actually helped to removed all barriers of protection put in place to protect the population from this Pharmaceutical Companies, which are de facto known convicted criminal organizations.**

All Pandemics are caused by human ignorance, not by "viruses".

For "viruses" are the invention of vaccine peddlers, for there might be virulence as a factor, but not "viruses" as an entity, or a living thing.

It is very concerning to see otherwise intelligent people to the naked eye, in positions of power in Academia, Industry, Civil Servants and in Politics, human creatures who naively and incredibly believe (or at least entertain the idea) that Medical Trade "Scientists" and "Virologists", can or are able to create life.

Let it be known that the only Force that can create life is that Force which we call God.

The Creative Forces, or that which is One with the Creative Forces can, and do create life.

For many the so-called "Covid-19" "Pandemic" has been a journey of discovery.

The discovery of the extent of the Medical Trade and Pharmaceutical Industry fraud.

And, as there has been just this experience in the affairs of the nation, as a nation, the nation as a nation then passes through that period when each soul must turn to that thought within of: What is its relation to the Creative Forces in its experience.

"It's a very interesting lesson between the government's general suspicion of business always being out to pocket, whatever money they can get hold of, versus actually good corporate behaviour." - Dame Kate Bingham*, founder of the UK Vaccine Taskforce,* ***a major force behind the UK vaccine rollout,*** *in "Medics Day 2022", Somerville College, Oxford, 5 March 2022.*

"Another revelation from the investigation is that manufacturing costs for:

- Pfizer's vaccine stands allegedly cost just £0.76p per shot. With Pfizer reportedly charging the UK Government £22 per dose, this represents a near 3,000% mark-up on the manufacturing price.

- Pfizer and Moderna shareholders pocket £7.8 Billion after Omicron was discovered." *- in "Pfizer accused of funding lies about AstraZeneca's jab: Explosive Channel 4 documentary alleges drug giant paid for speeches linking rival British vaccine to CANCER", Daily Mail, 6 December 2021.*

There Will Be Justice When Those Who Are Not Injured Are As Outraged As Those Who Are

"That city, in which those who are not wronged, no less than those who are wronged, exert themselves to punish the wrongdoers". *- Plutarch in "The Life of Solon", The Parallel Lives, tr. B Perrin*

Chapter 1

The Medical Trade It's a Big Sham

"They don't know. Nobody really knows. This whole thing is a big sham." *- Kary Mullis, Nobel prize in Biochemist 1993.*

Definition of sham:
"A trick that deludes : hoax." *- in "Merriam-Webster Dictionary", 2022.*

"US estimates of **the combined effect of errors and adverse effects that occur because of iatrogenic damage:**

12,000 deaths year from unnecessary Surgery

7,000 deaths year from medication errors in Hospitals

20,000 deaths year from other errors in Hospitals

80,000 deaths year from nosocomial infections in Hospitals

106,000 deaths year from non-error, Adverse Effects of Medications

These total to 225,000 deaths per year from iatrogenic causes.

1. Most of the data are derived from studies in hospitalized patients.
2. These estimates are for deaths only and do not include adverse effects that are associated with disability or discomfort.
3. Estimates of Death due to error are lower than those in the IOM report. **If the higher estimates are used, the deaths due to Iatrogenic causes would range from 230,000 to 284,000.** In any case, **225,000 deaths per year constitutes the third leading cause of death in the United States, after deaths from heart disease and cancer."** - Dr Barbara Starfield, MD, in "Is US Health Really the Best in the World?", JAMA, **26 July 2000.**

The "Scientific Method"

"Scientists use this thing called the **"Scientific Method" and we've been doing this for 14 generations or so now, and the Scientific Method is a set of rules for getting hard, cold facts out of the data.**

I'd like to tell you that's not the case.

So there's the Scientific Method, but what's really going on is this:

> ***"The Scientific Method versus Farting Around... in the dark."***

So what is the difference, then, between the way I believe science is pursued, and the way it seems to be perceived?

So this difference first came to me in some ways in my dual role at Columbia University, where I'm both a professor and run a laboratory in Neuroscience." - Stuart Firestein, Neuroscientist in "The Pursuit of Ignorance", TED, 24 September 2013.

> ***"Science is the Belief in the Ignorance of the Experts."*** *- Richard Feynman, Nobel Prize in Physics 1965.*

> ***"Your doctor knows far less than you can imagine. He understands far less than even he can imagine."*** *- Dr Remnant, MD, May 2022.*

Missing Clinical Trial Data

"This report, based on data collected by researchers at the University of Oxford, shows that **national medicines regulators in 14 key European countries are failing to ensure that potentially life-saving data on new medicines and vaccines** is rapidly and consistently made public as required by long-standing European Union transparency rules.

The protocols for 1,207 drug trials approved by the regulator in France and 831 drug trials overseen by the regulator in Poland **remain invisible** on the European trial registry.

90% of older single-country trials approved by the regulator in the Netherlands do not have results available on the registry.

Regulators in France, Italy, Finland, Sweden, and Spain also **frequently fail to ensure that results are made public** in line with European transparency rules.

At least 5,976 clinical trial results are missing across the 14 countries.

The largest gaps are in **Italy (1,221 results missing)**, followed by **Spain (884 results missing)**, the **Netherlands (839 results missing), France (698 results missing)** and **Germany (554 results missing).**

Weak data management by regulators has left the European registry riddled with inaccurate and missing data.

National regulators in the Netherlands, Belgium, Italy and Spain are exceptionally negligent in this regard." - in "Missing clinical trial data in Europe", TranspariMED, 5 July 2021.

Largest Health Care Fraud Settlement in Its History 2009

"American pharmaceutical giant Pfizer Inc. and its subsidiary Pharmacia & Upjohn Company Inc. (hereinafter together "Pfizer") have agreed to pay $2.3 Billion, the largest health care fraud settlement in the history of the Department of Justice, to resolve criminal and civil liability arising from the illegal promotion of certain pharmaceutical products, the Justice Department announced today.

Today's enormous fine demonstrates that such blatant and continued disregard of the law will not be tolerated." - in "The United States Department of Justice", 2 September 2009.

"Pfizer said that surging sales of its Covid-19 treatment and continued demand for its shots should boost the company's revenue to around $100 Billion in 2022. The company estimated that sales of its antiviral pill Paxlovid will reach about $22 Billion while the vaccine will add $32 Billion." *-in ""Pfizer Forecasts $54 Billion in 2022 Sales From Its Covid-19 Vaccine, Treatment, The Wall Street Journal, 8 February 2022.*

"Pfizer, one of the world's largest 'big pharma' brands, expects to bring in up to $102 Billion in revenue in 2022 - a new record. The rollout of the vaccine has already led to a substantial financial windfall for the New York City-based company, and the prospect on enhanced distribution of Paxlovid, the potential rollout of Omicron-tailored vaccines and more booster shots in the future will lead to an influx of even more cash." *- in "The Daily Mail", 8 February 2022.*

Largest Health Care Fraud Settlement in Its History 2012

"Global health care giant GlaxoSmithKline LLC (GSK) agreed to plead guilty and to pay $3 Billion to resolve its criminal and civil liability arising from the company's unlawful promotion of certain prescription drugs, its f**ailure to report certain safety data**, and its civil liability for alleged false price reporting practices.

The resolution is the largest health care fraud settlement in U.S. history and the largest payment ever by a drug company.

GSK agreed to plead guilty to a three-count criminal information, including 2 counts of introducing misbranded drugs, Paxil and Wellbutrin, into interstate commerce and one count of **failing to report safety data** about the drug Avandia to the Food and Drug Administration (FDA).

Under the terms of the plea agreement, GSK will pay a total of $1 Billion, including **a criminal fine** of $956,814,400 and forfeiture in the amount of $43,185,600.

> ***"Today's historic settlement is a major milestone in our efforts to stamp out health care fraud."*** *- Bill Corr, Deputy Secretary of the Department of Health and Human Services (HHS).*

> ***"For a long time, our health care system had been a target for cheaters who thought they could make an easy profit at the expense of public safety, taxpayers."***

- in "GlaxoSmithKline to Plead Guilty and Pay $3 Billion to Resolve Fraud Allegations and Failure to Report Safety Data", The United States Department of Justice, 2 July 2012.

The Planetary Hospital Predicted by W. D. Hamilton 20 Years Ago

"Over the years of my working life I have been slowly developing a paranoia about hospitals.

The growth of hospital buildings and all the infrastructure of clinics, pharmacies, the increasing domination of our universities by medical schools associated with huge hospitals all over the developed world, the unending love affair the public have (or are browbeaten to have) with medicine through the TV screen plays on doctors and on hospital life, accelerant birthing by Caesarean section, **the indefinite increase of pharmacies** even in the Third World, **the accompanying increase of our everyday pills that tumble from every bathroom cabinet** - all these matters combine to tell us **how we are heading.**

Happy in our progress for the present, like children on a fairground roller-coaster, prattling of the **genetic castles to come**, we skim onward, uninformed, into the bowels of a great Planetary Hospital of the new millennium.

My dread is even worse. It concerns how, by the time our joyride ends, we will realize that we have come into the concrete heaven of our TV dreams but only at basement level." - in "Global Medicalization Has Come, With Selfish Herd Immunity, The Planetary Hospital was predicted by W. D. Hamilton 20 years ago", Psychology Today, 20 March 2021.

"The National Institute of Health, NIH is a dark money pit.", *Senator Marsha Blackburn, in "Twitter", 12 May 2022.*

"There's simply no polite way to tell people they've dedicated their lives to an illusion." *- in "New York Times", 29 April 2013.*

The Epidemic that Never Was

"The assumption that Bovine Spongiform Encephalopathy (BSE) is an epidemic caused by an infectious agent called a prion in meat and bone meal has not been proven.

To prove this, at least one controlled feed experiment with cattle herds would be necessary.

But this has not been done.

A feasible alternative hypothesis is that the BSE epidemic in England was caused by a combination of factors: a genetic defect in the gene-pool of a few cattle herds, which was bred into frequency in pursuit of the best-possible efficiency in milk production, **poisoning from insecticides and heavy metals, copper deficiency and/or autoimmune reactions."** - Professor Roland Scholz, in "Phantom BSE Danger", 2005.

Yearly World Mortality Rate - Deaths/1000 Inhabitants 2000 to 2020

2000	2001	2002	2003	2004	2005
9	8,93	8,93	8,83	8,86	8,78

2006	2007	2008	2009	2011
8,67	8,37	8,23	8,37	8,12

2012	2013	2014	2016	2018	2020
7,99	7,9	7,89	7,7	7,7	7,7

Death rate: 7.7 deaths/1,000 population (2020 est.)." - in "CIA World Factbook", 25 April 2022.

Scientific Consensus

"In an open letter, an employee of the German Public Broadcaster ARD, is critical of one and a half years of Corona coverage: Ole Skambraks has worked as an editorial assistant, and editor at the public broadcaster for 12 years.

"Scientists and experts who were respected and esteemed before Covid, who were given space in public discourse, are suddenly labelled cranks, tinfoil hat wearers or Covidiots.

As an oft-cited example, consider **Wolfgang Wodarg, a medical specialist in several fields, an epidemiologist and a long-time health politician.**

Until the Covid crisis, he was also on the board of Transparency International. In 2010, as Chair of the Council of Europe Health Committee, he exposed the influence of the pharmaceutical industry in the swine flu pandemic.

At that time, he was granted the opportunity to express his opinion on public service broadcasting, but in times of Covid this is no longer possible.

His voice has been replaced by that of so-called fact-checkers, who seek to discredit him.

Instead of an open exchange of opinions, a "Scientific Consensus" was proclaimed.

Questions

- Why does the new Infection Protection Act state that the basic right to bodily integrity and the inviolability of one's home may be restricted henceforth – even without an epidemic situation?

- Why was the internal document from the German Federal Ministry of the Interior **(a document which was known to the media and in which the authorities were asked to create a "shock effect" to underscore the impact of the Covid-19 pandemic on human society),** not published in full and discussed publicly?

- Why is the study by Professor Ioannidis on survival rates (99.41% for people under 70) not featured in the headlines, while the fatally flawed, inflated figures produced by Imperial College were (in the spring of 2020, Neil Ferguson foresaw 500,000 Covid-19 deaths in the United Kingdom, and more than 2 Million in the United States)?

- Why does it say, in a document produced for the German Federal Ministry of Health, that **Covid-19 patients stood for no more than 2% of the burden of hospitals during 2020**?

- Why does **Bremen have the by far the highest incidence (113 as at 04/10/21) and at, the same time, by far the highest vaccination rate in Germany (79%)?**

- Why were payments of €4 Million Euro paid into a family account belonging to EU Health Commissioner Stella Kyriakides, who was responsible for concluding the first EU Vaccine Contracts with Pharmaceutical Companies?

- Why are people suffering severe vaccine injury not featured to the same extent as people with severe Covid-19 disease were in 2020?

- Why is no one disturbed by **the irregular way of counting "breakthrough infections" in vaccinated people**?

- Why does the Netherlands report clearly higher volumes of side effects of the Covid-19 vaccines than other countries?

- Why has the efficacy **description of the Covid-19 vaccines** published on the Paul-Ehrlich-Institut website **been changed 3 times in the last few weeks**? From "Covid-19 vaccines protect against infection with the SARS-CoV-2 virus" (15 August 2021), via "Covid-19 vaccines protect against severe forms of infection with the SARS-CoV-2 virus" (7 September 2021), to, finally, "Covid-19 vaccines are indicated for active immunization to prevent the Covid-19 disease caused by the SARS-CoV-2 virus" (27 September 2021)." - Ole Skambraks, in "Multipolar", 14 October 2021.

We Have this Big Problem of Too Much Medicine

"We have this big problem of too much medicine.

It's estimated that prescribed drugs, what your doctor prescribes for you, is the third most common cause of death, after heart disease, and cancer.

This has been something that's been creeping over several decades, because of too much Pharmaceutical Industry influence.

What does that mean?

Well it means bias funding of Research.

That doctors make commercial influence where the data is essentially corrupted, where **benefits of drugs are exaggerated, harms are underplayed**, and then we see the results in the real world.

So these are big problems that haven't been addressed.

A few years ago, I spoke to the former Editor of the New England Journal of Medicine, which is the highest impact medical journal in the world, and she said to me, the real battle we have in healthcare, is one of: **Truth Versus Money.**

If you look at real world data in the United States, **up to 50% of healthcare activity brings no benefit to the patient, it's either wasteful or causes harm, or is inappropriate."** - Dr Aseem Malhotra, MD, in "GB News", 21 May 2022.

All Diseases are Caused by Chemicals

"The Federal Food and Drug Administration (FDA) apparently has adopted the American Medical Association (AMA) view as the official position of FDA.

I deplore this situation, as **I do not believe the U.S. Government should officially adopt any one school of thought in the field of health, especially where there are other schools of thought held by millions of U.S. citizens,** and based on grounds at least as logical and scientific as those held by the AMA hierarchy.

One basic fact that must be first uncovered is the fact that citizens of the United States are not living longer than they did 50 years ago.

We often hear it stated that the "life expectancy" tables show great gains in our longevity.

But these tables start with birth, and the apparent increase in longevity is due to an actual decrease in infant mortality.

The fact is that a man of 50 years of age has an average chance of living 1½ years longer than a man of that age in 1900.

At the age of 50 the life expectancy of an American is lower than that of a citizen of almost any other country of the Western World.

We probably have more doctors and hospitals than any of these other countries, so more of these will not solve the problem.

We spend more money on research for new medicines and vaccines than any other country.

So merely appropriating more money along these lines is not the answer.

Dr Franklin Bicknell, an English doctor who has studied the modern food problem, has said:

> ***"Americans consume more chemicals in their food than any other nation.***
> ***At the same time American forecasts are the gloomiest in the world about the continued rise of cancer, high blood pressure, heart disease, congenital abnormalities, etc.***
> ***In fact all the degenerative diseases.***
> ***The United States leads the cliticized world in chemicalized food and in degenerative diseases. The only possible explanation of the United States more than equally sharing with the civilized world the rise in such diseases is that her food,*** *though the moat abundant,* ***is also the most unwholesome."***
> *- "Chemicals in Your Food", p.7.*

Many people, including most doctors, take the fatalistic view that the general falling-apart known as "aging" is an inevitable process; that we do not know the cause; and therefore nothing can be done except to alleviate distress and provide comfort.

But many competent authorities take the view that the new science of nutrition has much to offer in solving the problems of aging.

In 1930 Dr James S. McLester, in his presidential address to the American Medical Association said that **the newer knowledge of nutrition makes possible greater vigour, increased longevity, and a higher level of cultural attainment.**

A thoroughly scientific and well-documented exposition of this same view was made by Prof. Henry C. Sherman, of Columbia University, one of the pioneers in the field of nutrition and vitamins.

He wrote a book in 1950 entitled "Nutritional Improvement of Life."

In the preface to that book he says:

> ***"We now have good scientific evidence that such nutritional improvement of life can begin before birth or at practically***

> ***any time after; that in early life it can mean improvement of mental as well as physical growth and development; and that this earlier maturity can be followed by a longer period and a higher plane of full adult capacity, with superior attainment and performance over a longer career, and with a lower percentage of years of dependence. Much of what we had thought to be attributable to heredity or fate we now find to be amendable to nutritional improvement.*** *Both heredity and* ***nutrition are now known to he major factors in determining the length of normal lives."***

Dr Tom D. Spies, who was connected with Northwestern University, received the medal of the American Medical Association in 1957 for his outstanding work in the field of nutrition. In his address before the association he said:

> ***"All diseases are caused by chemicals. If we only knew enough, all diseases could be prevented, and could be cured, through proper nutrition."***

The standard tactics used by the Food and Drug Administration (FDA) in answering statements such as those just quoted include calling persons who make such statements "quacks".

It is not surprising that **the American Medical Association is vehement in its opposition to the new science of nutrition. It has tried to secure a monopoly of the healing arts by harassing all opposing schools (Osteopathy, etc.). It is now trying to secure a monopoly of the whole field or health.**

In a book published in 1957 ("Ear, Nose, and Throat Dysfunctions Due to Deficiencies and Imbalances"), Dr Sam E. Roberts, of the University of Kansas Medical School presents his view that; **all disease in this field is due to nutritional deficiencies or glandular imbalances.**

In pointing out that medical education does not provide competence in nutrition Dr Roberts says:

> ***"The medical students of the past, who are our physicians today were taught little or nothing of nutrition,*** *and even less of deficiencies and imbalances. The authors of "Therapeutic Nutrition" remark that* ***Medical School curriculums are preoccupied with diagnosis and specific therapy. Little time and attention is given to the nutritional aspect of therapeutics."***

The FDA put on a Dr Walter Brussock, who testified among other things that "vitamin deficiency does not cause degenerative changes in the human system."

The Food and Drug Administration has continued to have close connections with the giant food processors.

In 1955 Mr Bradshaw Mintener, who had been a vice president of the Pillsbury Flour Company, was executive director of the Food and Drug Administration.

At that time Mr G. Cullen Thomas, a vice president of General Mills (flour and breakfast foods), was made chairman of the advisory committee on "Enforcement of the Food, Drug, and Cosmetic Act."

Stop the FDA from harassing and persecuting the health movement.

If necessary, this could be done by transferring its jurisdiction over foods and related materials, such as nutritional supplements, to the Bureau of Public Health, where it more properly belongs.

In any event, whatever bureau is given supervision over this field of health should not be permitted to employ anyone allied with a vested interest, such as the American Medical Association, or a company selling food or health products." - Karl B. Lutz, in "Frauds and Quackery Affecting the Older Citizen", hearings before the United States Senate Special Committee on Aging, 88 Congress, First Session, 15 January 1963.

Some of the Things Not Taught At Medical Trade Schools

A Medical Trade Surgeon, once confided that many patients after operation thank him for the great job done in rescuing them, and the effort that they saw him make.

They then proceed to inform him, that **they saw the entire affair from an out of body experience.**

And go on to explain in detail how the operation went, and what both the surgeon and the staff performed as well.

Such is the amount of cases in which his patients tell him of having this same experience, that he keep a record of this accounts, his patients describing to him the entire operation.

He then informed that at **Medical School they did not teach about these phenomena of Out of Body Experiences.**

Another Medical Trade Doctor said that his wife was complaining about the many blood stains in his uniform, and asked if he could use a black uniform instead.

He bought some black clothes, and took it to the hospital, and use it for a few days.

Has he recalls, when passing by patients these would normally die, has he could see and listen to the beeps of the machines.

One of the patients he was trying to resuscitate - the patient died on him.

His fellow doctors told him what was with him that week, as he had allot of patients deaths during his watch.

He then decided to switch back to wearing white clothes, which had an immediate effect on restoring the survival rate back to normal levels.

"Collectively, we waste billions of dollars on both tests and treatments that don't do a whole lot to make us healthier while putting us at risk." *- in "Newsweek", 3 November 2010.*

Common Tests & Procedures Aren't Just Expensive But Can Do More Harm than Good

"Dr Stephen Smith, Professor emeritus of family medicine at Brown University School of Medicine, tells his physician not to order a PSA blood test for prostate cancer or an annual electrocardiogram to screen for heart irregularities, since neither test has been shown to save lives.

Both tests frequently find innocuous quirks that can lead to a dangerous odyssey of tests and procedures.

Dr Rita Redberg, Professor of medicine at the University of California, San Francisco, editor of Archives of Internal Medicine, has no intention of having a screening mammogram even though her 50th birthday has come and gone, she says there is little if any evidence that they save lives.

"There are many areas of medicine where not testing, not imaging, and not treating actually result in better health outcomes", Redberg says. In other words, "less is more."

That less health care can lead to better health and, conversely, that more health care can harm health, runs counter to most patients' conviction.

That belief is fuelled by the flood of new technologies and drugs that have reached the market in the past 2 or 3 decades, promising to prevent disease and extend life.

A 84 year old woman was told by her Gastroenterologist that it was time for another colonoscopy, just a few years after her last one showed no problems. She died when the procedure perforated her colon.

Many doctors don't seem to be getting the message about useless and harmful health care.

Medicare pays them more than $100 Million a year for screening colonoscopies; some 40% are for people in whom they will almost certainly harm more than help.

Arthroscopic knee surgery for osteoarthritis is performed about 650,000 times a year; studies show that it, too, is no more effective than placebo treatment, yet taxpayers and private insurers pay for it.

"We're killing more people than we're saving with these procedures", says UT's Goodwin. "It's as simple as that." - in "One Word Can Save Your Life: No!", The Daily Beast, 14 August 2011.

Adverse Drug Reactions

"Treating Adverse Drug Reactions costs the United States $200 Billion a year." *- in "Newsweek", 14 August 2011.*

"The Institute of Medicine reported in January 2000; that from 44,000 to 98,000 deaths occur annually from Medical Errors.

Of this total, an estimated **7,000 deaths occur due to Adverse Drug Reactions (ADRs).**

Other Studies conducted on hospitalized patient populations have placed much higher estimates on the overall incidence of serious ADRs.

These studies estimate that 6.7% of hospitalized patients have a serious adverse drug reaction with a fatality rate of 0.32%.

If these estimates are correct, then **there are more than 2,216,000 serious ADRs in hospitalized patients, causing over 106,000 deaths annually.**

Then ADRs are the 4th leading cause of death - ahead of pulmonary disease, diabetes, AIDS, pneumonia, accidents, and automobile deaths.

These statistics do not include the number of ADRs that occur in ambulatory settings.

It is estimated that over 350,000 ADRs occur in U.S. nursing homes each year. The exact number of ADRs is not certain and is limited by methodological considerations." - in "Preventable Adverse Drug Reactions: A Focus on Drug Interactions", FDA, 3 June 2018.

Serious Adverse Reactions Such as Death Have A Higher Rate In Post-Market Applications Compared to the Clinical Trials

"As a general trend, more **serious adverse reactions, such as death, appeared to have a higher rate in post-market applications compared to the clinical trials.**

Adverse Drug Reaction (ADR) refers to a harmful and sometimes life-threatening reaction to the use of medicinal products, whether taken as recommended or otherwise.

It is one of the major causes of morbidity and mortality among hospital patients and in the general population.

In addition to negative health outcomes, ADRs are associated with direct and indirect costs, imposing a significant **economic burden on individuals, healthcare systems, and society.**

A 2003 review article suggested that the direct annual cost of ADRs in the US could be as high as **USD $200 Billion** (adjusted to 2019 value), **a number too large to ignore or not account for accurately."** - in "Pragmatic pharmacoeconomic analyses by using post-market adverse drug reaction reports: an illustration using infliximab, adalimumab, and the Canada vigilance adverse reaction database", BMC Health Serv Res., November 2021.

The Medical Establishment is a Major Threat to Health

“Ivan Illych “The Expropriation of Health” by the Medical Profession, who are so obsessed with the curing of disease that they fail to recognise the totally new thrust the promotion of health will give.

The first line of his book is worth recording:

“The medical establishment is a major threat to health.”

A statement with which his greatest critics agreed.” - Senator John Robb, in “Irish Senate Debate”, 1 October 1982.

In his book “Medical Nemesis; The Expropriation of Health”, 1975, Ivan Illich argues that the Medical Trade sickens more than it cures:

“Although almost everyone believes that at least one of his friends would not be alive and well except for the skill of a doctor, there is in fact no evidence of any direct relationship between this mutation of sickness and the so-called progress of medicine.

The changes are dependent variables of political and technological transformations, which in turn are reflected in what doctors do and say; they are not significantly related to the activities that require the preparation, status, and costly equipment in which the health professions take pride.

In addition, an expanding proportion of the new burden of disease of the last 15 years is itself the result of medical intervention in favour of people who are or might become sick. It is doctor-made, or iatrogenic?

After a century of pursuit of medical Utopia, and contrary to current conventional wisdom, medical services have not been important in producing the changes in life expectancy that have occurred.

A vast amount of contemporary clinical care is incidental to the curing of disease, but the damage done by medicine to the health of individuals and populations is very significant.

These facts are obvious, well documented, and well repressed.

Useless Medical Treatment

Most of today's skyrocketing medical expenditures are destined for the kind of diagnosis and treatment whose effectiveness at best is doubtful.

Medicines have always been potentially poisonous, but their unwanted side-effects have increased with their power and widespread use. Every 24 to 36 hours, from 50% to 80% of adults in the United States and the United

Kingdom swallow a medically prescribed chemical.

In some patients, antibiotics alter the normal bacterial flora and induce a superinfection, permitting more resistant organisms to proliferate and invade the host.

Other drugs contribute to the breeding of drug-resistant strains of bacteria.

Subtle kinds of poisoning thus have spread even faster than the bewildering variety and ubiquity of nostrums.

Unnecessary surgery is a standard procedure.

Disabling non-diseases result from the medical treatment of non-existent diseases, and are on the increase: the number of children disabled in Massachusetts through the treatment of cardiac non-disease exceeds the number of children under effective treatment for real cardiac disease.

The specifically medical treatment of people is nowhere and never significantly related to a decline in the compound disease burden or a rise in life expectancy.

Pathogenic Medicine

All clinical entities for which remedies, physicians, or hospitals are the pathogens or 'sickening' agents.

The United States Department of Health, Education, and Welfare calculates that 7% of all patients suffer compensable injuries while hospitalized.

The undesirable side-effects of approved, mistaken, callous, or contraindicated technical contacts with the medical system represent just the first level of Pathogenic Medicine.

These so-called remedies generate second-order iatrogenic ills by creating a new prejudice against the autonomy of the citizen.

The Malignant Spread of Medicine

The malignant spread of medicine has comparable results: it turns mutual care and self-medication into misdemeanors or felonies.

Just as clinical iatrogenesis becomes medically incurable when it reaches a critical intensity and then can be reversed only by a decline of the enterprise, so can social iatrogenesis be reversed only by political action that retrenches professional dominance.

A radical monopoly feeds on itself. Iatrogenic medicine reinforces a morbid society in which social control of the population by the medical system turns into a principal economic activity.

Awareness of the degree to which iatrogenic ill-health is politically communicated would shake the foundations of medical power much more profoundly than any catalogue of medicine's technical faults, review of modern alternatives to medical professionalism is in progress at the Center for International Documentation." - Ivan Illich, in "Medical Nemesis: The Expropriation of Health", 1975.

> *"Stan Cohen, (1988) points to t**he "paradoxical counter productivity" of institutions; interventions designed for the best of motives, he argues, "may have disastrous results".** Cohen drew on Ivan Illich's declaration that **the Medical Establishment is a Major Threat to Health and Well-Being: the so-called health-professions have an indirect sickening power - a structurally Health-Denying effect."** - in "What is Criminology?", 2011.*

The Function of the Medical Trade Diagnosis

***"A Diagnosis is a name given for a collection of symptoms.
This name does not tell us anything about the root causes and mediators for the collection of Symptoms.
A Diagnosis is often seen as the goal with the eventual prescribing of:
Medications, Procedures, and Surgeries to manage the collection of symptoms being the finale."*** *- Dr Amy Beard, MD, 3 August 2022.*

10% of All Deaths Are Due to Medical Error

“In their study, the researchers examined 4 separate studies that analyzed medical death rate data from 2000 to 2008, including one by the US Department of Health and Human Services’ Office of the Inspector General and the Agency for Healthcare Research and Quality.

Then, using hospital admission rates from 2013, they extrapolated that based on a total of 35,416,020 hospitalizations, **251,454 deaths stemmed from a medical error, which the researchers say now translates to 9.5% of all deaths each year in the U.S.”** - in “Study Suggests Medical Errors Now Third Leading Cause of Death in the U.S.”, John Hopkins Medicine, 3 May 2016.

Medical Negligence:
“You Know It Happens”

> ***“Medical Negligence is often met with a sigh and followed by a consolatory phrase “You know it happens.”*** *- Portugal's health minister resigns following the death of a pregnant Indian tourist”, Gravitas, Wion, 1 September 2022.*

Death From Medical Care Itself

“Medical Error has been defined as an unintended act (either of omission or commission) or one that does not achieve its intended outcome, the failure of a planned action to be completed as intended (an error of execution), the use of a wrong plan to achieve an aim (an error of planning), or a deviation from the process of care that may or may not cause harm to the patient.

Patient harm from Medical Error can occur at the individual or system level.

The taxonomy of Errors is expanding.

A 2004 report of inpatient deaths associated with the Agency for Healthcare Quality and Research Patient Safety Indicators in the Medicare population estimated that **575,000 deaths were caused by Medical Error** between 2000 and 2002, which is about 195,000 Deaths a year.

Similarly, the US Department of Health and Human Services Office of the Inspector General examining the health records of hospital inpatients in 2008, reported **180,000 Deaths due to Medical Error a year among** Medicare beneficiaries alone. Using similar methods, Classen et al described a rate of 1.13%.

If this rate is applied to all registered US hospital admissions in 2013 it translates to over 400,000 Deaths a year, more than 4 times the IOM estimate.

We have estimated that medical error is the 3rd biggest cause of Death in the US and therefore requires greater attention.

Medical Error leading to Patient Death is under-recognized in many other countries, including the UK and Canada.” - in “Medical error—the third leading Cause of Death in the US”, British Medical Journal, 3 May 2016.

Yet Activists Aren’t Marching in the Streets Demanding that the Medical Trade be Reformed

“In 2014, 990 people were killed in police use-of-force incidents.

Does that sound like a lot?

Did you know that, according to a Johns Hopkins study, that same year, Medical Errors Killed 250,000 people?

Yet activists aren’t marching in the streets, demanding that the Medical Profession be reformed.

Why not?” - David Clarke, former Milwaukee County Sheriff, in “PragerU”, 16 April 2018.

Chapter 2

Bad Poisonous Pharma

"Modern medicine, through over prescription, represents a major threat to public health. *Peter Gøtzsche, co–founder of the reputed Cochrane Collaboration, estimates that* ***Prescribed Medication is the 3rd Most Common Cause of Death Globally. In the United Kingdom, the use of prescription drugs is at an all-time high, with almost 50% of adults on at least one drug."*** *- Dr Aseem Malhotra, MD in* ***"Why modern medicine is a major threat to public health"****, The Guardian, 30 August 2018.*

"A criminological perspective on a worsening crisis. Corporate crime in the pharmaceutical industry can have a catalytic role in helping us to glimpse something of a largely unpredictable future. Many and various kinds of abuses by the pharmaceutical industry. A very large web of disparate complementary controls and supports is needed in response. We argue, with many illustrations, for a wide plurality of criminological and non-criminological strategies to control corporate crime in the pharmaceutical industry." *- in "Pharmaceuticals, Corporate Crime and Public Health", 2014.*

"Psychiatric medications can cause alopecia. Mood stabilizers such as lithium and valproic acid are 2 of the more common inducers of telogen effluvium. It has been reported that 12% – 19% of long-term users of lithium will experience hair loss or hair thinning." *- in "Cutaneous Drug Eruptions: Diagnosis, Histopathology and Therapy", 2015.*

We Can't Be 95% Certain This Drug Will Kill You

"Our prescription drugs are the third leading cause of death after heart disease and cancer in the United States and Europe.

Around half of those who die have taken their drugs correctly; the other half die because of errors, such as too high a dose or use of a drug despite contraindications.

Major reasons for the many drug deaths are impotent drug regulation, widespread crime that includes corruption of the scientific evidence about drugs and bribery of doctors, and lies in drug marketing, which is as harmful as tobacco marketing and, therefore, should be banned.

We should take far fewer drugs, and patients should carefully study the package inserts of the drugs their doctors prescribe for them and independent information sources about drugs such as Cochrane reviews, which will make it easier for them to say "no thanks."

Around 100,000 people die each year in the United States because of the drugs they take,

even though they take them correctly. Another 100,000 die because of errors, such as too high a dose or use of a drug despite contraindications.

Our drug agencies are not particularly helpful, as they rely on fake fixes, although they know that they do not work.

The way the Food and Drug Administration (FDA) approaches safety is to virtually disregard it.

The FDA believes there is no risk that cannot be managed in the postmarketing setting.

What the FDA says is:

> ***"We can't be 95% certain this drug will kill you, therefore we will assume it doesn't"*** *[and they let it on the market].*

The person who said this was David Graham, Associate Director at the FDA's Office of Drug Safety, who had worked for the FDA for about 40 years, but needed congressional protection to keep his job after he revealed that rofecoxib was deadly.

Any drug can come with 20, 30, or 40 warnings, contraindications, and precautions." - Dr Peter C. Gøtzsche, MD in "Our prescription drugs kill us in large numbers", Pol. Arch. Med. Wewn., 30 October 2014.

New Prescription Drugs A Major Health Risk

"New prescription drugs have a 1 in 5 chance of causing serious reactions after they have been approved.

Systematic reviews of hospital charts found that even properly prescribed drugs cause about 1.9 Million Hospitalizations a Year.

New FDA policies to get more drugs reviewed faster so that they can reach patients sooner in fact mean that drugs are approved with less evidence of being safe or effective.

In response to drug disasters like Vioxx, which experts say caused about 120,000 traumatic cardiovascular events and 40,000 deaths, Congress and the FDA have set up monitoring and safety systems.

But a review of results so far found little evidence they are identifying serious risks or altering prescribing practices." - in "New Prescription Drugs: A Major Health Risk With Few

Offsetting Advantages", Harvard University, 27 June 2014.

Drug Poisoning Deaths in UK - 2018

"Drug poisoning Deaths registered in 2018 increased significantly.

There were 4,359 Deaths related to drug poisoning registered in England and Wales in 2018, the highest number and the highest annual increase (16%), 603 more than in 2017 when there were 3,756.

Higher than average drug-related mortality rates have also been reported more widely across Northern Europe." - in "Deaths related to drug poisoning in England and Wales: 2018 registrations", Office of National Statistics, **15 August 2019.**

Drug Poisoning Deaths in UK - 2020

"In 2020, 4,561 Deaths related to drug poisoning were registered in England and Wales; this is 3.8% higher than the number of deaths registered in 2019." - in "Deaths related to drug poisoning in England and Wales: 2020 registrations", Office of National Statistics, **3 August 2021.**

Dangers in Laboratory Protocols

In 2002 Professor Bret Samuel Weinstein, Biologist published The Reserve-Capacity Hypothesis, which proposed that the **telomeric differences between humans and laboratory mice have led scientists to underestimate the risks that Medical Trade Drugs pose to humans in the form of heart disease, liver dysfunction, and related organ failure. It implies that a particular strain of lab mice that are used for testing pharmaceuticals have been inadvertently bred with abnormally long telomeres, and that this, in practice, leads to unreliable data on toxicity when testing human pharmaceuticals on those mice.**

> ***"With their telomeric failsafe effectively disabled, these animals are unreliable models of normal senescence and tumor formation. Safety tests employing these animals likely overestimate cancer risks and underestimate tissue damage and consequent accelerated senescence."*** *- in "The reserve-capacity hypothesis", Experimental Gerontology, May 2002.*

> ***"Bret Weinstein, may have made a discovery that is every bit as alarming. His work calls into question the standard model we use to assess potentially negative impacts of drugs. If his analysis is correct, we may well be greatly misunderstanding long-term interactions drugs can have on our bodies, both with respect to cancer formation and significant tissue damage. To understand what Bret has found, you have to first have a basic understanding of the mechanism via which cells reproduce and die. The part that concerns us here are the tips of chromosomes, called telomeres."*** *- in "Of Mice and Men: Unseen Dangers in Laboratory Protocols", HuffPost, 19 May 2012.*

Drugs can Increase Morbidity and Mortality in Many Ways

"No drug is devoid of toxicity.

The harm caused to present and future generations, continue to be introduced into research and practice.

Unquestionably **there is more harm from the use or abuse of "approved" drugs than from the study of "experimental" drugs.**

The use of multiple drugs simultaneously also makes for new kinds of toxicity.

Drug reactions often fail to come on quickly after the start of drug therapy. Several studies have appeared indicating that drugs (alkylating agents or steroids, e.g.) can increase morbidity and mortality in many ways.

Drug reactions, even when suspected or recognized, are poorly reported. Our own experience at Hopkins may be revealing in this regard.

For some time now every patient discharged from the hospital has had a card made out by a physician indicating whether or not drug toxicity occurred during hospitalization.

A survey of 100 randomly chosen charts which had been signed out as "no drug reaction" revealed a 7% incidence of drug toxicity clearly recorded in the charts.

This 7%, of course, is only a fraction of the true occurrence, since much of what happens to a patient is never described in the hospital chart." - in "Drug Toxicity In Man: The Problem And The Challenge", Annals of New York Academy of Sciences, 12 March 1965.

Adverse Drug Events

"Adverse Drug Events (ADEs), are known to pose significant morbidity, mortality, and cost burden to society.

The landmark Institute of Medicine (IOM) report implicated adverse drug events in 7,000 annual deaths at an estimated cost of $2 Billion (1999).

The US Department of Health and Human Services estimates 770,000 people are injured or die each year in hospitals from ADEs, which costs up to $5.6 Million each year per hospital excluding the other accessory costs (e.g., hospital admissions due to ADEs, malpractice and litigation costs, or the costs of injuries).

Nationally, hospitals spend $1.56–5.6 Billion each year, to treat patients who suffer ADEs during hospitalization.

Subsequent **recent investigations suggest these numbers might be conservative estimates of the morbidity and mortality impact of ADEs.**

Analysis of ADEs, ADRs, Side Effects and Toxicity

A recent report suggested that ADEs and/or side effects of drugs occur in approximately 30% of hospitalized patients (2015)." - in "A Worldwide Yearly Survey of New Data in Adverse Drug Reactions", 2016.

The Extent of Under-Reporting of Adverse Drug Reactions

"The purpose of this review was to estimate the extent of under-reporting of Adverse Drug Reactions (ADRs) to Spontaneous Reporting Systems, and to investigate whether there are differences between different types of ADRs.

A systematic literature search was carried out to identify studies providing a numerical estimate of under-reporting.

Studies were included regardless of the methodology used or the setting, e.g. Hospital versus general practice.

Estimates of under-reporting were either extracted directly from the published study or calculated from the study data.

These were expressed as the percentage of ADRs detected from intensive data collection that were not reported to the relevant local, regional or national spontaneous reporting systems.

The median under-reporting rate was calculated across all studies, and within subcategories of studies using different methods or settings.

In total, 37 studies using a wide variety of surveillance methods were identified from 12 countries.

These generated 43 numerical estimates of under-reporting.

The median under-reporting rate across the 37 studies was 94% (interquartile range 82–98%).

There was no significant difference in the median under-reporting rates calculated for general practice and hospital-based studies, 5 of the 10 general practice studies provided evidence of a **higher median under-reporting rate for all ADRs compared with more serious or severe ADRs (95% and 80%, respectively).**

In comparison, for 5 of the 8 **Hospital-based studies the**

median under-reporting rate for more serious or severe ADRs remained high (95%).

The median under-reporting rate was lower for 19 studies investigating specific serious/severe ADR-drug combinations but was still high at 85%.

Conclusion

This review provides evidence of significant and widespread under-reporting of ADRs to the Spontaneous reporting systems, including serious and fatal ADRs.

It is not possible to provide an accurate estimate of the level of **under- reporting but it is likely to be in excess of 90%.**

Under-reporting of ADRs has an impact on the benefit/risk evaluation of medicines, particularly when spontaneous reports are the only or the main source used in the assessment of drug safety." - in "Under-Reporting of Adverse Drug Reactions A Systematic Review", Drug Safety, 2006.

Drugs With Serious Adverse Effects

“The Medical Establishment, also includes the Pharmaceutical Industry. Drugs with serious adverse effects have been introduced by Pharmaceutical Companies with unceasing regularity.

Here are a few examples, some of which may not be as lethal as thalidomide.

Analgin (like penicillin) **is known to cause anaphylactic reactions so severe a single tablet could kill a patient.**

Anti-inflammatory drugs like oxyphenbutazone and phenylbutazone have been known to **cause blood disorders.**

All these drugs were marketed by multinationals in India for a long time after they were banned in their home countries. The newer pain-relieving drug, Nimesulide **has been banned in several European countries but is still marketed in India.**

Terfenedine, introduced as an advanced, non-sedating anti-allergic had to be withdrawn a few years later as it **was found to cause Heart-problems.**

The latest in the series of drugs to be withdrawn was the antibiotic Gatifloxacin, which **was found to cause Cardiac problems.**

Illich mentioned in his book that the American innovator of Chloramphenicol (Chloromycetin) marketed the drug for simple conditions like acne, originally introduced for treating typhoid, **the drug is known to cause bone-marrow depression.”** - in “Novartis Vs. The People Of India”, Voxindica, 4 April 2013.

The Pharmaceutical Industry is Manufacturing Medical Journals Articles

"The Pharmaceutical Industry is manufacturing all of these Medical Journal articles, behind the scenes, for basically marketing purposes, and I was astounded, because I had enormous trust in Medical Journals.

You have to realize that a Clinical Trial on a blockbuster drug published in a top Medical Journal with the branding of a **key opinion leader, that key opinion leaders University affiliation, is worth an enormous amount of money, in terms of confidence.**

What has happened in the past 20, or 30 years, especially with blockbuster drugs is that **we're sold a lot of pharmaceuticals, where the risk benefit ratio is not in favour of taking the drug, and we have all sorts of instances where people who really didn't need to be on these drugs, took these drugs and then had Serious Adverse Events.**

So Disease Mongering is a marketing scheme of Pharmaceutical Companies to persuade us to use fear, and to use our trust and science in an extremely deceptive way.

The oligarchy of corporations here has basically usurped cherished institutions of democracy which involve checks and balances in the system, but also scientific integrity so who's looking out for scientific integrity here's the problem." - Professor Leemon McHenry, PhD, in "Perspectives on the Pandemic - The Illusion of Evidence Based Medicine", Journeyman Pictures, 9 March 2021.

The Burden of Harm from Adverse Drug Reactions

“We have reached a very important time point, in preparation for the introduction of the new Pharmacovigilance Legislation, in 4 months time. The first wave of good vigilance practice modules, was published last week, and that gives us a lot of meat for our discussions today. It represents the output, of an enormous amount of work European Medicines Agency and the Member State leads. And I'm sure you will agree it is an impressive effort.

We also have more detail on transitional arrangements, and we'll be hearing from the European Commission later this morning.

And we know that the implementing measures are progressing towards their final form. So, I think it would be natural at this stage if we kept our eyes on the practicalities, and the details, but I do think it's worth taking a moment or two to stand back and to consider why we are doing all of this. There's no one in this room that doesn't know the enormous benefits that medicines bring to society, but **no effective medicine is without risk.**

The Commission's estimates to the Burden of Harm from Adverse Drug Reactions

Their own estimate was that:

- 5% of all Hospital admissions are due to Adverse Drug Reactions,

- 5% of Hospital patients experience one.

- Adverse Drug Reactions are the 5th commonest cause of Hospital Deaths.

The overall estimate, was that almost 200,000 lives are lost every year in Europe, as a result of Adverse Drug Reactions, and that came to a total societal cost of €79 Billion euros." - June Raine, Pharmacologist, Medicines and Healthcare products Regulatory Agency (MHRA, UK), chair of the European Pharmacovigilance Risk Assessment Committee (PRAC) on behalf of the European Medicines Agency, in "Welcome and introduction", Fourth Stakeholders forum on the implementation of the new Pharmacovigilance legislation, European Medicines Agency, 27 February 2012.

> ***"Expressing views, or presenting evidence contrary to the interests of Pharma, is not only very difficult, but can be dangerous to one's career. Drug companies hire Public Relation firms to get revenge against critics. The result is smear campaigns... to ruin the reputation of the critics."*** *- Dr Aseem Malhotra, MD, 13 April 2022.*

> ***"Stop trusting the Pharmaceutical Industry. They don't care about your health. They care about money."*** *- Dr Amy Beard, MD, in "Facebook", 6 May 2022.*

> ***"Ultra-processed foods are basically a Chronic Inflammatory Metabolic Poison.***
> ***Drugs are next to useless in managing metabolic syndrome.***
> ***Solution?***
> ***Eat Real Food."*** *- Dr Aseem Malhotra, MD, 14 October 2020.*

The True Answer to Our Most Pressing Health Problems Won't be Found at the Bottom of a Pot of Pills

"So, here we are, at our journey through health and pharmaceutical industries, and all their shortcomings.

There's a recurring theme throughout and that is our **incessant need to overcomplicate and interfere with our health.**

Our message is a simple one: you cannot beat; Mother Nature.

By deviating away from this most basic of principles, all we end up doing is making things worse for ourselves. All the "miracle" technological advances of recent decades may have saved us precious time and labour in our day-to-day lives, but have they provided us with a shortcut to high-level health?

Such a belief is the biggest delusion of them all.

Neither the pills and potions, can save us now.

The Pharmaceutical Industries have all played their part in propagating this message, to the detriment of our health.

We rely heavily on drugs to cure our ills, with little thought given to their side effects, or perhaps more importantly, that **the origins of our health problems lie somewhere else altogether.**

Ultimately, the true answer to our most pressing health problems won't be found at the bottom of a pot of pills." - Glen Matten, MSc, Aidan Goggins, Pharmacist. in "The Health Delusion", 2012.

105 Drugs That Are More Harmful Than Beneficial

"This annual review of drugs to avoid covers all the drugs examined by Prescrire between 2010 and 2021 that are authorised in the European Union or in France.

We have identified 105 drugs that are more harmful than beneficial in all their approved indications.

These 105 drugs comprise:

- Active substances with adverse effects that, given the clinical situations in which they are used, are disproportionate to the benefits they provide;

- Drugs that have no proven efficacy beyond that of a placebo, but that carry a risk of particularly severe adverse effects.

In **some situations, the most prudent option is to forgo drug therapy. For patients with a serious condition, who have exhausted all other treatment options, there is no justification for exposing them to drugs with severe adverse effects** but no proven efficacy.

Our analyses show that the harm-benefit balance of the drugs listed here is unfavourable in all their authorised indications. How can one justify exposing patients to a drug with severe adverse effects, when it has not been shown to be more effective than a placebo. Healthcare professionals need to actively remove these drugs, which pharmaceutical companies persist in marketing." - in "Towards better patient care: drugs to avoid in 2022", Prescrire International, 1 February 2022.

Unpredictable Toxicities

"Each contributor adds to the over-all picture of drug development, from its synthesis or isolation to the determination of "predictable" toxicity and attempts to uncover "unpredictable" toxicities.

The articles and discussions repeatedly emphasize the need for much more knowledge than we presently possess, so that some day we may be able to predict the currently "unpredictable" reactions.

It is pointed out that we do have certain pieces of the puzzle, and that current and future research may add to this knowledge so that some day, maybe, the picture will be completed." - Review of the Book "The Evaluation of Drug Toxicity, 1958", in Journal of Chemical Education, April 1960.

"I think it's fascinating what's happening in this field right now, ***the FDA approved the first Electronic Pill****, if I can call it like that, so it is basically* ***a biological chip that it is in the tablet and once you take the tablet and dissolves into your stomach sends a signal that you took the tablet.***
So imagine the applications of that compliance, the Insurance Companies to know that the medicines that patients should take they do take them, it is fascinating what happens in this field, so imagine the applications of that the compliance." *- Albert Bourla, CEO, Pfizer, in WEF, January 2018.*

Historical Vaccine Safety Concerns

1. Cutter Incident -1955.
2. Simian Virus 40 (SV40) - 1955 – 1963.
3. Swine Flu Vaccine and Guillain-Barre Syndrome -1976.
4. Hepatitis B Vaccine and Multiple Sclerosis -1998.
5. Rotavirus Vaccine and Intussusception - 1998 – 1999.
6. GBS and Meningococcal Vaccine - 2005 – 2008.
7. Hib Vaccine Recall – 2007.
8. H1N1 Influenza Vaccine and Narcolepsy - 2009 – 2010.
9. Porcine Circovirus in Rotavirus Vaccines – 2010.
10. HPV Vaccine Recall -2013.

- in "Historical Vaccine Safety Concerns", CDC, 4 September 2020.

"There is a surprising amount of information packed into a small space. Perhaps the main criticism to be made is that, in a book describing a specialized subject, ***it is a pity that there was not a little more room for describing some of the evidence on which claims for beneficial results are based. This applies in particular to subjects about which there is still considerable controversy such as Bacillus Calmette–Guérin Vaccination, and vaccination against whooping cough."*** *- Dr H. J. Parish, MD, FRCPE, DPH, in "Post Graduate Medical Journal", October 1948.*

Vaccine Scandal in China

"From 2013 to 2016, a series of vaccine scandals were attributed to the deaths of 21 infants.

More recent **vaccine scandals** have been linked to the Jilin province-based pharmaceutical firm Changsheng.

In November 2017, regulators discovered that both Changsheng and Wuhan Institute of Biological Products sold more than 652,000 ineffective DPT (Diphtheria, Pertussis (whooping cough), and Tetanus) vaccines.

And in July 2018, a whistleblower from Changsheng informed authorities that the company **fabricated production records of rabies vaccines.**

An essay "The King of Vaccines" published on WeChat on 21 July 2018, went viral, generating a public outcry, suggests **that the reckless behaviour of these firms paid off; they acted with impunity for more than a decade and their profits grew.**

In addition, these companies maintained virtual monopolies in China's Hepatitis B and rabies vaccine markets, the essay concludes." - in "Vaccine Scandals in China: Why Do They Keep Happening Over and Over Again?", Asia Pacific Foundation of Canada, 21 December 2018.

Vaccine Scandal in Colombia

"A mystery illness has hit a remote town in Colombia, more than 200 girls have been hospitalized after receiving shots of a vaccine to prevent cervical cancer.

Colombian Health Officials, and Colombia's President have denied accusations over the vaccine.

Colombian President Juan Manuel Santos has dismissed reports that the **vaccine Gardasil** is causing a mystery illness in the Colombian town of Carmen de Bolivar.

Since May 2014, more than 240 girls have reported headaches fainting and numbness in the hands after vaccination.

Parents say the **girls ranging in ages from 9 to 16 were recently injected with Gardasil a vaccine against the human papilloma virus or HPV.**

In 2009 the US Centers for Disease Control (CDC), published data showing over a two-year period adolescent girls and women between the ages of 9 to 26 **injected with the vaccine reported nausea headaches and autoimmune disorders whose symptoms include numbness and dizziness.**

The CDC also cited reports of 32 patient deaths occurring after receiving Gardasil shots.

An accompanying article published in the Journal of the American Medical Association questioned the benefits of the vaccine versus the risks, noting the medical knowledge is quote typically incomplete and ambiguous at the time the vaccine manufacturer said many of the adverse reaction reports were unconcerned and unrelated to the vaccine.

In 2013 the Japanese Ministry of Health withdrew its recommendation to administer HPV vaccine to girls, pending analysis of adverse event reports that included:

Convulsions, Joint Pain, and Difficulty Walking.

President Santos said scientists have several theories to explain these reports including mass hysteria:

> ***"This has happened in Spain, Australia, Taiwan in the middle of campaigns to vaccinate adolescent girls, so what we are going through has been presented in other countries,*** *we will be continuing accompanying these girls and their families."*

Columbian psychologists and physicians have been sent to the town of 95,000 where the town's limited medical facilities **were overwhelmed by the number of sick girls.**" - in "Hundreds of Colombian girls hospitalized after vaccinations", CGTN America, 1 September 2014.

Covid-19 Vaccines and Hearing Loss and Tinnitus

"A recent signal detection activity at the Uppsala Monitoring Centre (UMC) identified hearing loss (including sudden cases) and tinnitus following COVID-19 vaccination.

Up to 22 February 2021, there were **164 unique individual case safety reports (ICSRs) which reported 'hearing losses' (MedDRA High Level Term, HLT), and 367 ICSRs which reported 'tinnitus' (Preferred Term, PT) with 'COVID-19 vaccine'** in the WHO global database of ICSRs, VigiBase.

The cases were from 10 countries, most had no co-morbidities.

Time-to-onset varied between 0 and 19 days with a median of 1 day.

Based on well-documented cases, **alternative causes were not identified for most of the patients.**

The most common co-reported symptoms were tinnitus, followed by headache, dizziness and nausea.

A plausible mechanism of action involving the vestibulocochlear nerve has been suggested." - in "WHO Pharmaceuticals Newsletter", No.1, 2022.

Horror Stories of Alleged COVID-19 Vaccine Injuries

"Multiple Minnesotan's are opening up about the harms and impacts against the Covid-19 mandates.

On Wednesday Minnesota's GOP house representatives explained an urgent bill to protect citizens from what they call: **"unconstitutional and medically irresponsible Covid-19 vaccine mandates"**

> ***"On 13 April 2021 my whole life changed within 30 hours."***

Within 30 hours Susanna Noel says her body went from being athletic to constant debilitating pain, unable to perform even the simplest tasks.

> ***"My primary doctor filled out the Pfizer paperwork, and said my symptoms are from the vaccine.*** *I've yet to hear from pfizer.* ***This is not a pandemic of the unvaccinated, this is a pandemic of trauma."***

After a year Noel's symptoms have gotten worse Kate Zerby says she developed unexplained health conditions after receiving the jab.

> ***"I was later found to have heart enlargement, and atrial fibrillation, that I never had before an abrupt change that my doctor felt along with everything I had been dealing with had to have come from the vaccine, and she told me thank god you didn't get the second one."***

As for 6 year-old Milo Edberg, he hasn't been the same alert and walking child, since developing myocarditis from the COVID shot, Milo's story first featured in alpha news in January.

> ***"Because the doctors kept pushing me, he's at high risk he's at high risk, you need to get this. And I wasn't really wanting to get it because I felt like it came on too quickly, it was made too quickly, we didn't no side effects. But I went against my gut and I told the doctor let's do it, and unfortunately it didn't do well for him."***

One by one Minnesotan's shared the horrific results of doing what they were told: was safe and effective.

> *"You know, whether you're pro-vacs or anti-vacs or whatever, were for health care freedom, and we believe that mandates one size fits all should not be the agenda." - Rep. Glenn Gruenhagen, (R)*

Representative Glenn Gruenhagen introduced a bill last month which in part would **protect Minnesotan's from being coarse to take what he calls an experimental vaccine,** and improve health care providers reporting to the vaccine adverse event reporting systems or VAERS.

> ***"Federal agency heads now admit that the vaccine mandates are not protecting Americans from Covid-19."*** *- Rep. Shane Mekeland, (R)*

According to Covid VAERS reports through 8 April 2022, there have been more than **17,302 reports of adverse events from the jab in Minnesota alone.**

“I ***have talked to well over 500 nurses, and respiratory therapists. I have 3 of those that I've talked to, 1 literally fell apart emotionally on the phone, screaming, crying, swearing,*** *this guy never swears of* ***how bad it is and what's going on these hospitals,*** *that* ***many of these supposed COVID patients are actually COVID Vaccine injured patients, there are 17,000 doctors are screaming from the rooftops this thing this program has got to stop and yet we press on.”***

- in “Minnesotans share horror stories of alleged COVID-19 vaccine injuries”, Alpha News, 22 April 2022.

Myocarditis and Pericarditis Increased Risk From Covid Vaccine

“At a press conference on 6 October Anders Tegnell, epidemiologist at the Swedish Public Health Agency, explained that the suspension of the Moderna vaccine followed the detection of signals of an increased risk of side effects such as Myocarditis and Pericarditis.” *- in “Covid-19: Sweden, Norway, and Finland suspend use of Moderna vaccine in young people “as a precaution”, BMJ , 11 October 2021*

“The risk of Myocarditis after Vaccination is higher in younger men, particularly after a second dose of the mRNA-1273 vaccine.” *- in “Risk of Myocarditis After Sequential Doses of COVID-19 Vaccine and SARS-CoV-2 Infection by Age and Sex”, Circulation, 6 September 2022.*

The Modelling Farce

"Modelling estimated that, among children born during 1994- 2013, vaccination will prevent an estimated 322 million illnesses, 21 million hospitalizations, and 732,000 deaths over the course of their lifetimes, at a net savings of $295 billion in direct costs and $1.38 trillion in total societal costs." - in "Benefits from immunization during the vaccines for children program era - United States, 1994-2013", April 2014.

Those Born before 1994, and any one that survived before 1994 are alive by miracle.

Compulsory Vaccination

"Compulsory Vaccination is an instance of a law which inflicts actual disease and possible death on the human body and propagates and disseminates deadly infections widely upon animals, and mankind.

This is surely a glaring instance of a law which is not based on Wisdom or Sanity and is a Menace to the Health and Security of Humanity and the State.

I now issue this special challenge to the Departments of Health of the City and State of New York, which cover a population of 11 Million, and with whose records I am more familiar, that I will undertake to prove from their death certificates, and vital records, now concealed and withheld from the public, that **there have been more deaths from vaccination, than from smallpox in every year for the past 15 years in the City and State of New York."** - Chas. M. Higgins, in "Horrors of Vaccination", 1920.

> ***"It is unwise for the physician to force the operation upon those who are unwilling, or to give assurances of absolute harmlessness."*** *- Dr William Osler, MD in "Modern Medicine Its Theory and Practice", 1913.*

> ***"Against the body of a healthy man Parliament has no right of assault whatever, under pretence of the public health. To forbid perfect health is a tyrannical wickedness."*** *- Professor F. W. Newman, University of Oxford.*

"General practitioner Ramdas of the Kempenaar Health Center in Lelystad, Netherlands warns parents of teenagers about the vaccine that the children can receive.

He sent the parents in his patient file a letter in which he emphasizes that he does not support the vaccination.

> ***"The word vaccination is misleading.***
> ***This is not a vaccine, the agent that is injected is an M-RNA serum.***
> ***It is still an experimental drug with a temporary approval.***
> ***If your child takes this shot, he/she is part of a large medical experiment."***

- in "GP warns against vaccinating children: 'Experimental drug'", Omroep Flevoland, 1 July 2021.

Checklist: Physician Approaches to Vaccine Hesitancy

“1. Never dismiss a child from practice:
Every office encounter is an opportunity to revisit and discuss vaccines;

2. Set aside extra time to counsel vaccine-hesitant parents;

3. Identify specific parent concerns and **make a list;**

4. Be nonconfrontational;

5. Start with assuming that a child will be vaccinated as needed (i.e., be presumptive);

6. Be ready to discuss both the benefits of vaccines and **the risks of vaccine** - preventable diseases and vaccines;

7. Be careful to frame data clearly and positively. For example, it is better to say “99% safe” rather than **“1% risk” of side effects.**” - in **“Working with vaccine-hesitant parents: An update”**, **Canadian Paediatric Society,** 14 September 2018.

"In consequence of our young men being obliged to spend 3 years in the army, it happens that after the age of 20 years men are by far better vaccinated than women, and, if vaccination did prevent, after the age of 20 small-pox should kill fewer men than women.

But in fact just the reverse has happened.

I give here the statistics of the 3 years 1887, 1888, and 1889 as the ones of greatest epidemics, but all the other years give the same results:

Deaths After the Age of 20

1887		**1888**		**1889**	
Men	Women	**Men**	Women	**Men**	Women
2,459	1,810	**1,990**	1,418	**1,295**	863

- Dr Charles Ruata, MD, Professor of Hygiene and of Materia Medica, University of Perugia, in "Vaccination in Italy", The New York Medical Journal, 22 July 1899.

"In Lapierre v AG (Quebec), [1985] 1 SCR 241 [Lapierre], **the plaintiff's daughter received the measles vaccine** as part of the Quebec government's program to vaccinate almost 85,000 children every year against the illness.

Days after receiving the shot, she contracted acute viral encephalitis, which resulted in her hospitalization for several months and left her almost totally (and permanently) disabled.

As a result, her father sued the government; the Attorney General brought the vaccine manufacturer into the suit as well." - in "**The Tort of Forced Vaccination?**", The Court.ca, 2 November **2009.**

Experts Call for Compulsory Vaccination

"They have used computer modelling to predict how many measles cases could occur. Leading the researchers to call for compulsory vaccinations as has happened in Italy, where children need to be vaccinated to start primary school. Lead researcher **Dr Stefano Merler, Bruno Kessler Foundation, said that the UK and other countries would "strongly benefit" from compulsory vaccinations** as it would help them reach herd immunity.

But **Prof Adam Finn, of the University of Bristol, said there was no proof of this.**

Earlier this year, **Health Secretary Matt Hancock said that he was willing to look at "all options" to boost England's vaccination levels, including compulsory immunisation."** - in **"Measles: Experts call for compulsory vaccination"**, BBC, 17 May 2019.

The Science Is Settled

"**Matt Hancock, the health secretary was speaking after a report in The Times claimed almost 40,000 British parents had joined an online group calling for children to be left unimmunised** against potentially fatal diseases such as tetanus. **And in England, the proportion of children receiving both doses of the Measles, Mumps and Rubella (MMR) jab by their 5th birthday has fallen over the last 4 years to 87.2%.** "Failure to vaccinate when there isn't a good reason is wrong. **These people who campaign against vaccinations are campaigning against science - the science is settled!" - Matt Hancock."** - in **"Minister considers 'all options' to boost vaccine uptake", BBC, 4 May 2019.**

The Trojan Horse in Italy

"Stefano Merler is the director of Fondazione Bruno Kessler's Health Emergencies Center. An epidemiologist, he deals with computational models for the study of the propagation of infectious diseases.

He is the author of over 130 scientific studies published in the most important journals.

For over 20 years, with the group of mathematical epidemiologists at Fondazione Bruno Kessler, he has been developing quantitative epidemiology methods to strengthen epidemiological surveillance.

The working group led by epidemiologist Stefano Merler has been involved in national and regional government Task Forces (Lombardy, Veneto, Trentino) set up to respond to the Coronavirus emergency through transmissibility mathematical models.

The work of the research group focused on the production of dozens of alternative scenarios based **on which decision-makers have made their choices.**

The high level of the scientific results achieved can be seen from the journals that hosted the analysis conducted (Science, The Lancet Infectious Diseases, Eurosurveillance, JAMA).

In particular, the studies covered 3 geographical areas to which specific insights were dedicated: The Lombardy region, the most acute case on the national territory, Italy and China." - in "Models to counter the spread of the COVID-19 pandemic", Bruno Kessler Foundation, 7 July 2020.

Another Trojan Horse in Italy: Bill Gates To Be Taken Seriously

"I think Bill Gates' concerns need to be taken seriously because they are based on objective facts." - Walter Ricciardi, Professor of Hygiene at the Catholic University, Advisor to the Italian Minister of Health Roberto Speranza, regarding the words of the founder of Microsoft according to which we may not have yet seen the worst of the pandemic and that the possibility of new dangerous variants is not excluded."- in "Adnkronos", 3 May 2022.

> ***"In 2021, the Center will focus its research and scientific publications on the SARS-CoV-2 virus and will further as well studies on vector-borne diseases. Among the main collaborations, the one with the Italian National Institute of Health*** *(Istituto Superiore di Sanità)." - in "Health Emergencies", Bruno Kessler Foundation, 17 January 2021.*

> ***"At the Davos World Economic Forum, Bill Gates cited data from the latest study we conducted with the Bruno Kessler Foundation****, published in the international journal PLOS Neglected Tropical Diseases.* ***As Stefano Merler, a researcher at the Bruno Kessler Foundation, explained: "We considered how we might use the available vaccine to contain a future outbreak, and have shown that containment could be achieved by vaccinating the contacts of Ebola victims, for example their relations, and also vaccinating the contacts of these contacts."*** *- in "Our Ebola research reviewed at the Davos World Economic Forum", Doctors With Africa, 2017.*

"For his speech at the World Economic Forum, Bill Gates used data from a study on the Ebola virus conducted by researchers at FBK of Trento in collaboration with Northeastern University in Boston, Doctors with Africa CUAMM, Florida University and the Fred Hutchinson Cancer Research Center in Seattle.
The presentation by Bill Gates took place during the WEF in Davos on the CEPI (Coalition for Epidemic Preparedness Innovations) initiatives, an alliance of which the Bill & Melinda Gates Foundation is partner,and whose aim is to fund and coordinate the development of new vaccines as well as to contain the spread of epidemics. *Gates cited data compiled by the study "Containing Ebola at the Source with Ring Vaccination", Nov. 2016. - in "Bill Gates quotes an FBK study at WEF 2017", Bruno Kessler Foundation,* ***20 January 2017.***

The Vaccine Contracts and the European Union

"I will be speaking today about transparency, the importance of transparency in the European Union and I will prove why transparency it's so important especially when we talk about rule of law.

I would like to take this opportunity to thank Alexander Fanta, a journalist from Germany, who did not stop, who did not cave, who was not afraid to seek the truth.

I saw the news (April 2021), that Ursula von der Leyen signed a contract with Pfizer for 1.8 Billion doses of the Pfizer Covid-19 vaccines.

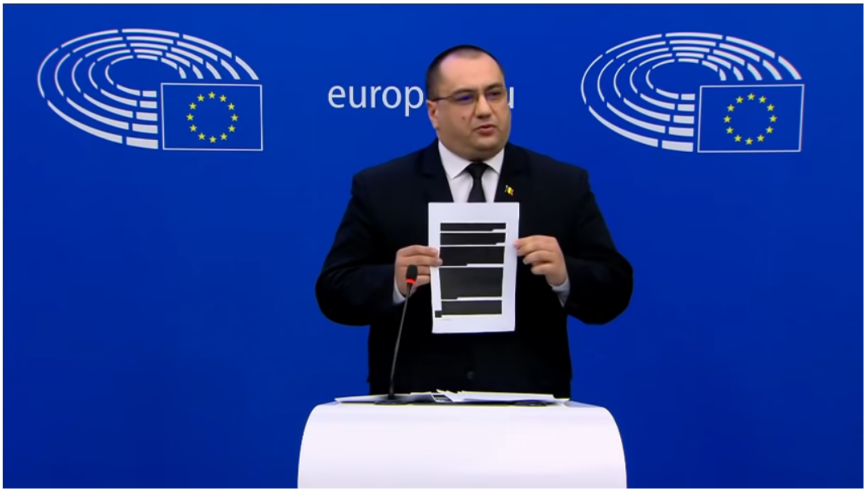
The journalist requested the documents between the European Commission and and the CEO of Pfizer.

The answer that this journalist received from the European Commission, was that they cannot release the **personal messages, the direct messages between Ursula von der Leyen and the CEO of Pfizer.**

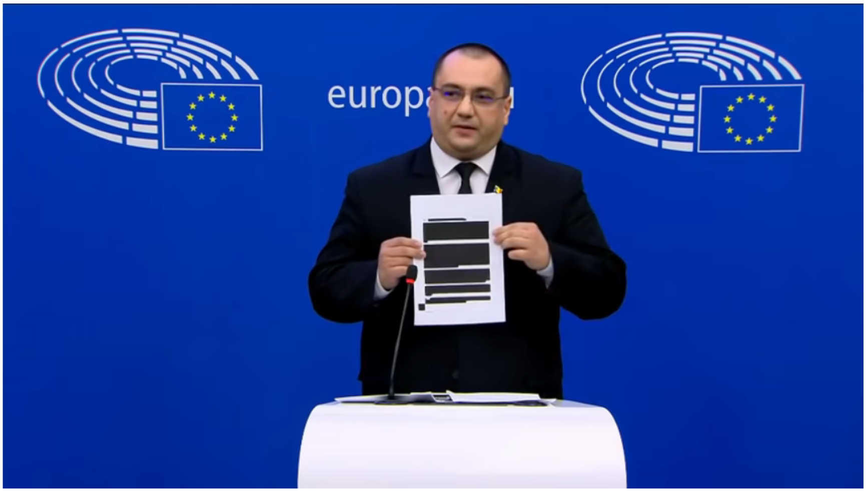
The journalist did not stop there, he filed a complain with the European Ombudsman in September 2021.

The Ombudsman Office said that they are starting an investigation. We as MEPs found out 2 weeks afterwards, about this investigation, we start promoting it, that is how the mainstream media started talking about this investigation. A few weeks ago the Ombudsman Office said:

> ***"The Ombudsman found that this amounted to maladministration."***



The Moderna Contract between the European Union,
Blacked Out, but with page numbers.



The Pfizer Contract and the European Union,
Blacked Out, not even with page numbers.

When the Head of the European Commission Ursula von der Leyen, refused to disclose this personal communications, between her, and the Pfizer CEO.

So my question to all of you; is this the kind of Europe that we want, where the president, **un-elected by the people, the President of the European Commission is negotiating personally with the Head of a Private Company, that will affect our basic fundamental rights."** - Cristian Terhes, MEP, in "Press conference", European Parliament, Strasbourg, 16 February 2022.

> ***"Heiko von der Leyen, husband of the CDU Federal Minister for Family Affairs (Ursula von der Leyen), who works for the contract research company Hannover Clinical Trial Center."*** *- in "Kleines Forschungsgebiet sorgt für großes Brimborium", Der Spiegel, 9 May 2007.*

"Dr Heiko von der Leyen, MD, studied medicine at the University of Hamburg, the Hannover Medical School (MHH), and Stanford University, USA.

In 1986 received his doctorate in Hanover. He then continued to do research as a faculty member at Stanford University, specializing in cardiovascular **Gene Therapy.**

In 1998 he habilitated at the Hannover Medical School (MHH), in 2002 became Adjunct Professor of Internal Medicine and Experimental Cardiology (Department of Cardiology and Angiology).

At the same time, was the managing director of Artiss GmbH, which was founded in Hanover in July 2001.

On 6 October 2005, the Hannover Medical School (MHH) and the (1 April 2003 as the economic development company of the state capital and region of Hannover was founded) Hannoverimpuls GmbH the Hannover Clinical

Trial Center GmbH (HCTC) as a service provider for clinical studies, whose managing director von der Leyen became.

Since September 2020, Heiko von der Leyen has been Medical Director of the American Biopharmaceutical Company Orgenesis Inc., which specializes in the development of cell and Gene Therapies." - in "Wikipedia", 14 May 2022.

H.E. Ursula von der Leyen
President of the European Commission

Dear Ursula,

We would like to express our sincere gratitude and appreciation for all the efforts of the European Commission and **you personally that have helped to prevent and alleviate the dire effects of the Covid-19 pandemic.**

Your invaluable support made it possible to ensure successful procurement of vaccines and a smooth and **highly effective vaccination campaign throughout the Union.**

Taking into consideration current circumstances, we note with concern that the Member States are facing a new challenge, **which is over-production and over-supply of vaccines.**

The vaccine deliveries to the Baltic states and other Member States continue despite insufficient vaccine administration. This puts pressure not only on logistics networks and storage but also has budgetary implications.

The situation is further complicated as our countries have been receiving deliveries of vaccines with **shorter and shorter shelf-life. In some cases, the vaccines received have already reached half of their shelf-life.**

In our view, in such cases, the manufacturers' actions possibly might not follow the Reasonable Best Efforts principle that is embedded in the agreements.

The Baltic States would propose that the Commission enters negotiations with the vaccine manufacturers with the aim to amend or supplement the Advanced Purchase Agreements for the benefit of the Member States.

Yours sincerely,

Kaja Kallas, Prime Minister of Estonia

Krišjānis Kariņš, Prime Minister of Latvia

Ingrida Šimonytė, Prime Minister of Lithuania."

- in "Joint Letter of the Prime Ministers of the Baltic States to EU Commission President on COVID-19 vaccines", 29 April 2022.

> *"It is our purpose to retain the power and influence of this House and not to denude it of many of the powers.*
> *I wonder what the Right Honourable Gentleman's policy is in view of some of the things he said.*
> ***Would he have agreed to a commitment to extend the [European] Community's powers to other supplementary sectors of economic integration, without having any definition of what they are?***
> ***One of them was that the [European] Commission wants to extend its powers and competence into the area of Health.***
> *We said no, we were not going to agree to those things.*
> ***The Commission does want to increase its powers, yes, it is an non-elected body,*** *and I do not want the [Euroepean] Commission to increase its powers against this House, so of course we are differing." -* ***Margaret Thatcher, Prime Minister,*** *in House of Commons, UK, 30 October 1990.*

This Has Been Done Before in 2009

"In October 2009, the US National Institutes of Health infectious diseases chief, Anthony Fauci, reassure Americans about the safety of the "swine flu" vaccine.

> ***"The track record for serious adverse events is very good. It's very, very, very rare that you ever see anything that's associated with the vaccine that's a serious event."***

Four months earlier, **the World Health Organization had declared H1N1 influenza a pandemic, and by October 2009 the new vaccines were being rolled out across the world.**

A similar story was playing out in the UK.

> ***"We fully support the swine flu vaccination programme... The vaccine has been thoroughly tested." - UK Department of Health declared in a joint statement.***

Except, it hadn't.

Governments around the world had made various logistical and legal arrangements to shorten the time between recognition of a pandemic virus, and the production of a vaccine and administration of that vaccine in the population.

Another element, adopted by countries such as Canada, the USA, UK, France, Germany, was to provide vaccine manufacturers indemnity from liability for wrongdoing.

Vaccines against influenza are arguably the only vaccines that a notable portion of healthcare professionals decline despite recommendations.

The vaccination programme continued in Ireland.

"The Irish government kept inviting people to get vaccinated.

This was when it was quite clear that the pandemic was on the wane, and it was nowhere near the catastrophe portrayed by influenza researchers, governments, industry, and the media." - in **"Pandemrix vaccine: why was the public not told of early warning signs?"**, BMJ, 20 September 2018.

Deadly Toxic Epidermal Necrolysis

"Regulators have found Oxford and Pfizer **vaccines against Covid-19 are safe despite investigating 143 deaths in people** with underlying health conditions, **they died in the days following vaccination.**

Dr Philip Bryan, MHRA vaccines safety lead, said:

> *"These are people with underlying illnesses where another cause was the reason for the death."*

- in **"Coronavirus Vaccines are 'Safe' with adverse effects in just 3 out of every 1,000 cases"**, Mirror, 5 February 2021.

> *"Dr Philip Bryan, MHRA vaccines safety lead: "These are people with underlying illnesses where another cause was the reason for the death." **Yeah I'm sure the one who died from Toxic Epidermal Necrolysis was already suffering from it, probably asymptomatic."** - @mixedforestzone, in "Twitter", 15 February 2021.*

Stevens–Johnson Syndrome (SJS), and Toxic Epidermal Necrolysis (TEN), are now believed to be variants of the same condition.

The Emunctology Statement on Vaccines

"Only Bacterial vaccines, may have a place in Emunctology, **these vaccines must be made by the Hospitallers Order of the Good News, never under no circumstances by a private, or any other organization, no matter if they claim to be not for profit or even governmental.**

Only vaccines produced by the Hospitallers Order of the Good News can by used, if need be, but only and under the following non changeable principles:

a) Hygiene
b) Nutrition
c) No less than 9 months
d) No more than 1 vaccine in a 7 day period.

1. If a body in an Hygienic Condition (not sterile but hygienic)
2. Well Nourished (kept in a good nourished condition; with Proper Quality Nutrition; not quantity, but quality, and of nutritious values. Which include weekly consumption of Lettuce, Celery and Carrots, not forgetting at least once a week Fish or produce from the open Salt Sea or Ocean).
3. No vaccines should ever be given to children younger than: 9 months of age.
4. No more than 1 (one) vaccine should ever be given to any body in a week, thus no more than: 1 (one) vaccine in a 7 (seven) day period." - in "Emunctology, Principles and Foundations of the Emunctory System And its Relationship with All Organs of the Body", 2022.

*Please see: **"Important Note Regarding Vaccines"**, at the end of this book **page 748.***

The State of the Nations Health

Or how the Peoples health is being destroyed by the poisonous Pharmaceutical Industry drugs, these so-called Medical Trade "medications".

On average adults in Northern Europe and North America 9 out of 10 take medical trade drugs on a daily bases, many day several 4 times a day:

1. Morning.
2. Mid Day.
3. Tea Time.
4. Bed Time.

If this is not poisoning people to death, then what is it then?

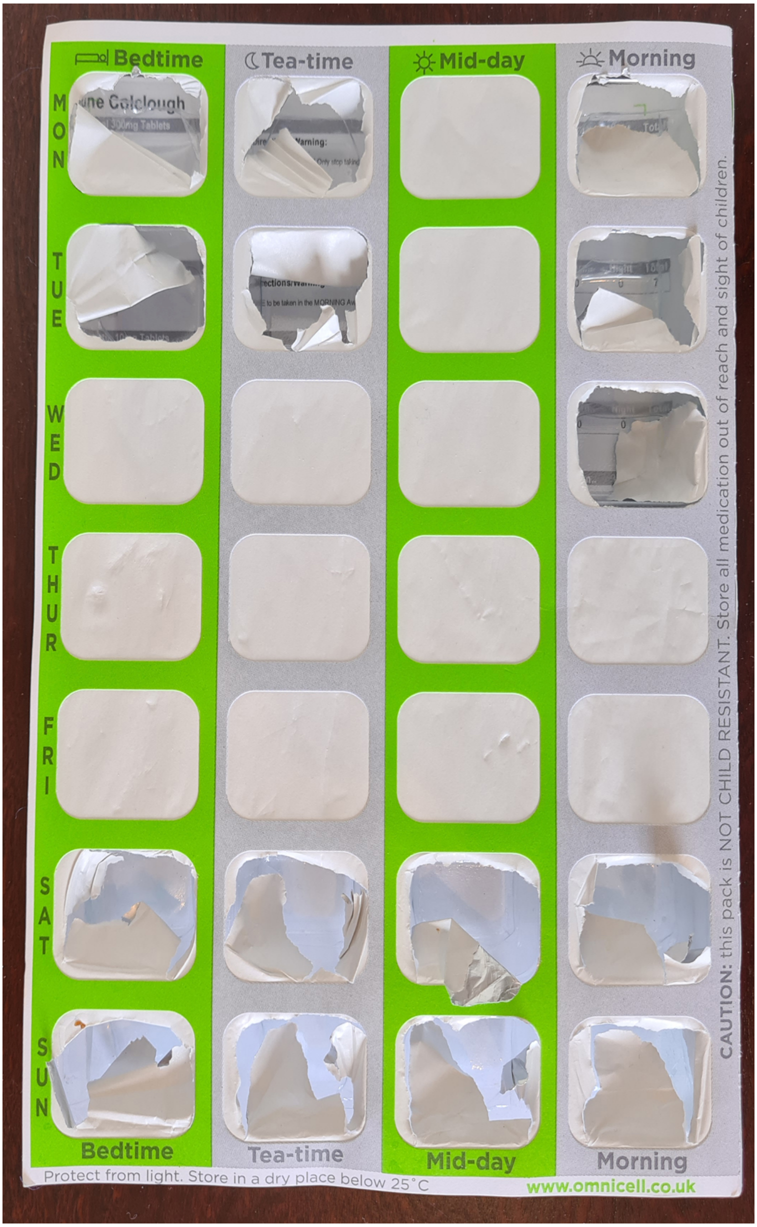
WEDNESDAY
THURSDAY
FRIDAY
SATURDAY
SUNDAY
MONDAY
Portia
PHARMACY PRODUCTS SINCE 1857
7 Day Multi-Coloured Pill Organiser
with Braille
TUESDAY
WEDNESDAY
THURSDAY
FRIDAY
SATURDAY
SUNDAY
EVENING
MONDAY
Easy to read
Easy to open
Easy to remember
Easy to carry detachable day section
Portia

Biogen™
Evening
Mon.
Tue.
Wed.
Thu.
Fri.
Sat.
Sun.
53968-01, 8445
Morning
Mon.
Tue.
Wed.
Thu.
Fri.
Sat.
Sun.

MON
TUES
WED
THURS
FRID
SAT
SUN

SureMed®
by Omnicell®
weekly pill pack max
5619
Friday Delivery
PACK 2 of 8
Pharmacy
"This item was assembled by:"
Friday Delivery
Phone:
Phone:
Keep out of reach of children.
Packed by:
Checked by:
Packed & Checked with VBM
An Omnicell and cooperation

3301-48
Date
J2/2022
Name
Med®
by Omnicell


Bedtime
Tea-time
Mid-day
Morning
MON
TUE
WED
THUR
FRI
SAT
SUN
Bedtime
Tea-time
Mid-day
Morning
Protect from light. Store in a dry place below 25°C
www.omnicell.co.uk
CAUTION: this pack is NOT CHILD RESISTANT. Store all medication out of reach and sight of children.

Sun
AM
Mon
AM
Tue
AM
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AM
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AM
Fri
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Sat
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NIGHT

"Valproic acid - a drug commonly used to treat epilepsy and Bipolar disorder - can cause Birth Defects and Developmental Disorders if taken during pregnancy, but the reason why has long been a mystery. Now, in a study using mice and human tissue, scientists discovered that the medication locks some embryonic cells into a suspended state where they can't properly grow or divide." *- in "Mini-brains show* ***how common drug freezes cell division*** *in the womb, causing birth defects", Live Science, 14 June 2022.*

Chapter 3

Bad Corrupt Medical Trade Science

"Great is the power of steady misrepresentation; but the history of science shows that fortunately this power does not long endure." *- Charles Darwin, in "Origin of Species", 1872.*

"The assumption that all approved drugs and medical devices are safe and effective. When clinical science is hitched to the pharmaceutical industry's dash for profits, the scientific method is undermined by marketing spin and cherry-picking of data." *- in **"Drugs, Money and Misleading Evidence"**, Nature, Vol. 583, 2 July 2020.*

"How big pharma manipulates data to sell us drugs we don't need." *- in "The crisis of credibility in clinical research", The University of Edinburgh, 15 July 2020.*

"Even if a drug you take was studied in thousands of people and shown truly to save lives, chances are it won't do that for you. ***Some of the most widely prescribed medications do little of anything meaningful, good or bad, for most people who take them. Chances are, you or someone in your family has taken medication or undergone a procedure that is bio-plausible but does not work.*** *Cause and effect is frequently elusive.*
Surgery, is common even for patients who don't need it.
And patients themselves are part of the problem. According to interviews with surgeons, many patients they see want, or even demand, to be operated upon.

Consider the $6.3 Billion USD 21st Century Cures Act, which recently passed Congress to widespread acclaim. Who can argue with a law created in part to bolster cancer research? Among others, the heads of the American Academy of Family Physicians and the American Public Health Association. They argue against the new law because it will take $3.5 Billion USD away from public-health efforts in order to fund research on new medical technology and drugs." *- in "When Evidence Says No, but Doctors Say Yes", The Atlantic, 22 February 2017.*

"When Dr Margot O'Toole, a researcher in molecular biology, raised uncomfortable questions in 1986 about the validity of a senior colleague's work, she felt alone.
Dr David A. Baltimore, a Nobel laureate who was a co-author of a research paper that used the disputed work, described her as a "disgruntled postdoctoral fellow."
She lost her job, and her house. The scientific paper described findings suggesting that transplanted genes could stimulate a recipient's immune system. One of the most surprising things to me is the way so many members of the scientific community and the scientific press were ready to denigrate Dr O'Toole." *- in "Biologist Who Disputed a Study Paid Dearly", The New York Times, 22 March 1991.*

The Deceitfulness WHO, Medical Trade, Pharmaceutical Industry, Lies, Conning for Profit

"Corporate Psychopathic behavior describes a form of corporate conduct, which meets the psychiatric criteria for human psychopathy, *that is, a failure to conform to social norms and the violation of accepted ethical standards without remorse.*

The parallel between corporate and human psychopathy exists due to moral projection, whereby corporate actions are seen as analogous to human actions because of the status of "legal person" or "corporate personhood" granted to corporate entities under corporate law.

Deceitfulness: repeated lying and conning others for profit."

- in "Corporation as Psychopath", Encyclopedia of Corporate Social Responsibility, 2013.

The Illusion of Evidence Based Medicine

“The advent of evidence based medicine was a paradigm shift intended to provide a solid scientific foundation for medicine.

Clinical trials, most of which are conducted by the Pharmaceutical Industry and reported in the names of senior Academics.

Regulators receive funding from industry and use industry funded and performed trials to approve drugs, without in most cases seeing the raw data.

The release into the public domain of previously confidential Pharmaceutical Industry documents has given valuable insight into the degree to which industry sponsored **clinical trials are misrepresented.**

Threatened **by corporations, in which financial interests trump the common good.**

Medicine is largely dominated by a small number of very large pharmaceutical companies. Patients die because of the adverse impact of commercial interests on the research agenda, universities, and regulators.” - Jon Jureidini, Leemon B. McHenry, in **“The illusion of Evidence Based Medicine”**, BMJ, 16 March 2022.

Evidence Based Medicine: The Story

"Evidence Based Medicine started in the 1980s, and it was basically led by **McMaster University in Ontario, Canada**, and it was proposed like this:

Doctors, Nurses, Healthcare professionals need to know what works, they need to know what research is valid, and what isn't, what treatments work what don't.

So, that started as a movement within medicine, it started as EBM Evidence-Based Medicine, and it snowballed, became an ideology to stop doctors making their own decisions based on the patient, and the evidence.

And it became a way of implementing the evidence, come what may, irrespective of what the patient wants, or what the patient thinks, or what the evidence is from the patient's own body.

It started in medicine, it then went into nursing, so we had Evidence-Based Nursing, there's a Journal Evidence-Based Nursing, I even published in it actually, and so it snowballed through all the health professions, so you've got Evidence-Based Paramedicine, you've got Evidence-Based Occupational Therapy, Evidence-Based Physiotherapy, it became this mantra.

And what happened, was it created protocols, so Protocols A, B, C, D, E.

So when you've got a diagnostic group, like Diabetics you do this and this.

This went through every form of medicine, it ended in protocols, and of course **what they are looking at mainly are Pharmaceuticals, marketed by Pharmaceutical Companies.**

So all the countries of the world created these Agencies, and in the UK we created NICE, which is now the "National Institute for Health and Care Excellence", which is basically a Quango, that undertakes meta-analysis of the data, and says this is what works, so this is what doctors do, this is what nurses should do, off you go and do it.

The thing about evidence, I always ask:

1. Whose evidence are we talking about?
2. Who owns that evidence?
3. Who created it?
4. Who funded the creation of the evidence?

But undoubtedly it's infected all these areas of Healthcare now, and Health Science.

There's a Staging that I have noticed in my 40 years experience, and it's like this:

1. Create the Fear Phase

First of all you create the fear, the fear goes amongst the population that you're testing.

2. Testing Phase

You test them, so you embed, you legitimate the concept of the "virus", and the condition in the population through the testing, it makes it real to them. "I have got a lateral flow positive", "I have got a PCR positive", **then you haul out something that's the only thing you've got.**

3. Development Phase

But it's in development phase, and the other, it's all the small prints, is backgrounded and in the foreground, they get the message, "it's all we've got", "that's all we've got", so they run for it, it's like sheep running for the hay, when you come down to feed them, or for the gate when you open it.

It's like mass formation, you see the idea amongst the frightened public, and they go for the thing you give them, they go for the lolly, they go for the sweet, and they all suck on it.

Once you realize what the flaws are in the "Science", you cannot work in that area, and that's why with my hand on my heart, I would say the doctors that have worked with AIDS patients, and have introduced them to other paradigms have done a brilliant job." - Dr Kevin Corbett, RN in "We're Falsifying The Hypothesis", 13 April 2022.

McMaster University, Ontario, Canada

"USD $1,993,992 - Grant to McMaster University, to find new lead molecules against diseases that disproportionately affect the world's poorest populations." - *in **"Bill & Melinda Gates Foundation"**, October **2018.***

"USD $12,392,744 - Grant to McMaster University, to identify and address ethical challenges, ethics-related risk, and policy gaps that have the potential to undermine the impact of potential life-saving technologies and interventions in global health and development research." - *in **"Bill & Melinda Gates Foundation"**, November **2019.***

"I study viruses" - *You probably know **McMaster Faculty of Health Sciences researchers are part of the team that isolated multiple versions of the virus** to give Canadian researchers a fighting chance against COVID-19." - **McMaster University**, in "Facebook", **26 March 2020.***

Please note, that the statement "that isolated multiple versions of the virus" is a lie.

It's impossible to isolate either RNA or mRNA, with present technology.

Please refer to the Director of the Wuhan Laboratory who stated in January 2021 that they had faced a challenge, that they hadn't been able to isolate the "virus".

"I'm a graduate of McMaster University, from about 15 or 16 years ago.

I'm associate professor in the Department of Health Research Methods, Evidence, and Impact.

The majority of the time I work for a company called Cytel, where **I design clinical trials, predominantly for the Bill & Melinda Gates Foundation.**

The majority of my trials tend to happen in low-income settings, but because of the nature of this pandemic I've been pulled into trials here in North America, Europe, and around the world.

I would like to bring the audience's attention to a tool that they might find useful. It's the COVID-19 Clinical Trial Tracker that we built with the support of Fast Grants and the Bill & Melinda Gates Foundation." - Edward Mills, PhD, in "COVID-19: To treat or not to treat? Platform trials", McMaster Textbook of Internal Medicine, **McMaster University**, 8 May 2020.

Globalization of Clinical Research

"From developed country regulators and international technical agencies: sustained investment in technical assistance and diplomatic support for regional approaches to improve regulatory and ethics oversight in low- and middle-income countries and facilitate neglected-disease product development.

The prospects for generating these contributions from stakeholders are improved by 2 factors:

The Globalization of Clinical Research, and

Existing regulatory initiatives and funding platforms on which stakeholders may build.

The motivations for stakeholders to invest in regional regulatory cooperation and more efficient clinical trial practices extend beyond neglected diseases and global health.

Many developing countries have exhibited corresponding interest in attracting such clinical trial activity.

As an important and growing source of foreign revenue, clinical trial activity represents hundreds of millions of dollars of investment in some low- and middle-income countries.

Low- and middle-income country Governments view

clinical trial activity as not only promoting the development of new medicines to **address local needs but also as spurring local job creation and economic development.**

As a result, there is a growing trend of low- and middle-income countries investing in clinical trial site capacity, GCP training programs, and streamlining regulatory requirements as a matter of industrial policy.

In 2008 the Indian government invested in IRB/EC training and **simplified regulatory procedures** for the import of study materials as **part of a larger effort to attract more clinical trial activity.**

In 2004 China passed new regulations to streamline regulatory requirements, impose GCP standards, and introduce compulsory GCP training.

Argentina and Brazil have likewise invested in clinical trial site capacity and streamlined regulatory requirements to attract more foreign trials.

These trends are not only prevalent in the large emerging economies; there are reports of Panama, Peru, and Rwanda building clinical trial sites to host vaccine and drug trials as well.

In fiscal year 2008, for example, 80% of the applications for drugs and biologics approved by the FDA used data from overseas clinical trials, but the FDA inspected fewer than 1% of the foreign sites involved.

Existing Initiatives

Regional efforts on clinical trials and medicines regulation in low and middle-income countries already exist and **should be leveraged in support of neglected-disease product development.**

African Vaccine Regulatory Forum (AVAREF formed in 2006 by WHO to ensure timely regulatory evaluations of clinical trial applications and to accelerate the research & development of medical products, AVAREF convenes its first joint review of a clinical trial application for a phase III malaria vaccine).

And related WHO efforts in the Developing Country

Vaccine Regulatory Network, Association of Southeast Asian Nations, and the Pan-American Health Organization have all launched programs on clinical trial regulation.

Numerous regional economic communities in Africa are pursuing the harmonization of drug registration as part of the **African Medicines Regulatory Harmonization** (AMRH) initiative **and have clinical trial regulation on their future agendas.**

The World Bank has established a trust fund, financed with a start-up investment of $12.5 Million from the Bill & Melinda Gates Foundation, to support these efforts.

In 2007 the FDA launched a public-private partnership with Duke University as the convener – **the Clinical Trials Transformation Initiative (CTTI)** – with the goal of identifying clinical trial practices which through broad adoption will increase the quality and efficiency of clinical trials.

Clinical research groups from Duke, McMaster, and Oxford Universities have initiated the Sensible Guidelines for the Conduct of Clinical Trials Project to advocate for the simple design of large-scale trials.

What is a Neglected Disease

We have defined neglected diseases as:

1. Chronic parasitic and infectious conditions.
2. **That are endemic in low- and middle-income countries,** with little or no presence in high-income countries.
3. **That disproportionately affect the poor** and politically marginalized, **particularly children.**

Accordingly, this report defines neglected diseases broadly to include tuberculosis, which has only a relatively modest presence in high-income countries, but not **HIV/AIDS, which imposes on a terrible burden on the world's poor, but is endemic in both high- and lowincome countries alike.**

Investment Escalation per Successful Compound

Clinical trials are often intermediated by commercial Contract Research Organizations (CROs) that recruit clinicians and patients and manage the day-to-day operations of clinical trials.

CROs specialize in navigating the maze of clinical trial regulatory requirements and structures and producing trials that meet the needs of National Regulatory Authorities (NRAs).

Site management organizations coordinate with CROs to ensure rapid IRB/EC approval and faster site initiation and patient recruitment.

These companies are increasingly part of the standard overhead for conducting clinical trials; it has become difficult to run global trials without their assistance.

Developed country regulatory models and commercial clinical practices are often imported into developing countries and adopted for clinical trials for drugs and vaccines for neglected diseases.

Developing country governments adopt the regulations and guidance of the U.S. Food and Drug Administration (FDA) and European Medicines Agency (EMA) because they are publicly available and familiar to the commercial clinical trial sponsors that developing country governments hope to attract.

Many low-income country NRAs have limited experience, resources, and mandates for assessing, approving, and registering innovative products.

Few low- and middle-income countries have functional post-market safety systems, and most do not yet report adverse events.

The WHO and established NRAs can support but not replace the local regulatory oversight required for products launched simultaneously in developing countries or intended for their exclusive use.

Proportion of Registered Clinical Trials Involving Pediatric Subjects

The burden of neglected diseases falls disproportionately on infants and children; the subjects for clinical trials for neglected diseases are frequently pediatric.

Pediatric trial subjects are particularly vulnerable and, thus, pose difficult ethical and operational challenges.

Most of these difficult pediatric neglected-disease clinical trials are in Africa - the region with the least regulatory capacity and expertise to oversee them." - in **"Safer, Faster, Cheaper** Improving Clinical Trials and Regulatory Pathways to **Fight Neglected Diseases**", Center for Global Development, 2011.

Neglected Tropical Diseases

"Bill and Melinda Gates Foundation: Global Grand Challenges, Innovations in Eliminating Neglected Tropical Diseases.

Funding Type: Grant

Value: Up to **$200,000 USD,** with a grant term of up to 18 months.

Sponsors: Bill & Melinda Gates Foundation

Deadlines: 13 January 2022

We are looking for proposals that: Are led by institutions, which could be Ministries of Health, based in sub-Saharan Africa (other global partners may be included but at least 80% of funding should go to sub-Saharan Africa)." - in **"McMaster University"**, 29 June 2022.

Grand Challenges in Global Health, AKA The Gates Foundation

"In 2003, the Bill & Melinda Gates Foundation launched Grand Challenges in Global Health.

Grand Challenges Brazil was launched in 2012 as a **partnership framework for the Brazilian Ministry of Health,** its National Council on Research (CNPq), **the Bill & Melinda Gates Foundation, and other funders** to launch joint challenges open to Brazilian investigators and **to expand collaborations with Portuguese-speaking African countries.**

Grand Challenges India was launched in 2013 as a **partnership framework for the Government of India's Department of Biotechnology, India's Biotechnology Industry Research Assistance Council (BIRAC), the Bill & Melinda Gates Foundation, the Wellcome Trust (UK), and other funders to launch joint challenges open to Indian investigators.**

Grand Challenges Africa was launched in 2015 as a **partnership framework to launch joint challenges open to African investigators.** An exemplar of the **pan-African approach** is the **Drug Discovery program that with Medicines for Malaria Venture (MMV) and the University of Cape Town Drug Discovery and Development Centre** (H3D) has **created a network of researchers.**

Global Partnerships and Grand Challenges partnerships engage the world's most creative minds.

Guided now by the lessons of Covid-19, their collective action and directed energy is helping **solve today's key problems in global health and development, while building a resilient mechanism ready to solve tomorrow's."** - in "Global Grand Challenges", 29 June 2022.

We Hope COVID-19 Pandemic Will Become A Historical Turning Point

"Conclusions: We hope that the COVID-19 pandemic will become a historical turning point, that leads to better coordination and collaboration within the medical research community, but this outcome will first require buy-in from funders and global health researchers (particularly those in high-income countries) who currently control the design of trials.

Acknowledgments - This Series was supported by the Bill & Melinda Gates Foundation." - Bill & Melinda Gates Medical Research Institute, Boston, MA, USA; Department of Health Research Methods, Evidence, and Impact, McMaster University, Hamilton, ON, Canada, in "How COVID-19 has fundamentally changed clinical research in global health", Lancet Glob. Health, 2021.

McMaster Researchers Leading International Study to Test Widely Available Drugs for COVID-19 Treatment

"McMaster University researchers, working with partners in Brazil and South Africa, are leading a large international study to test 3 widely available, cost-effective drugs to treat early COVID-19 infections. The trial will evaluate the effectiveness of Ivermectin, Metformin and Fluvoxamine in preventing COVID-19 disease progression, and the researchers say the results could be known in as short a time as 2 to 3 months. **Ivermectin is an inexpensive drug used for treating parasitic infections that costs less than $5 per treatment and has shown promise in treating early COVID-19 in smaller clinical trials."** - in "McMaster researchers leading international study to test three widely available drugs for early COVID-19 treatment", **McMaster University**, 10 February 2021.

> ***"Up to 3,200 participants will take part in the study*** *that partners with research clinic Cardresearch, the Pontifical Catholic University of Minas Gerais in Brazil and the University of Stellenbosch in South Africa.* ***It's funded in part by the Bill and Melinda Gates Foundation and Fastgrants, a collaboration of technology philanthropists. Co-investigators include McMaster professors Lehana Thabane and Gordon Guyatt." - in "This could be a real game-changer,' says McMaster University researcher testing COVID treatments",*** *The Hamilton Spectator,* ***10 February 2021.***

Surprise...Surprise!
Ivermectin 0 – Vaccine 1
Who Could Have Guessed?

"Conclusions: Treatment with Ivermectin did not result in a lower incidence of medical admission to a hospital due to progression of Covid-19 or of prolonged emergency department observation among outpatients with an early diagnosis of Covid-19. (Funded by FastGrants and the Rainwater Charitable Foundation; TOGETHER ClinicalTrials.gov number, NCT04727424)." - The Department of Health Research Methods, Evidence and Impact, McMaster University, ON, and Cytel and Platform Life Sciences, Vancouver, BC, Canada, in "Effect of Early Treatment with Ivermectin among Patients with Covid-19", **New England Journal of Medicine**, 5 May 2022.

New Company by McMaster University in Vaccine Manufacturing

"A new company spawned by McMaster University innovation in the arena of vaccine manufacturing has received a grant from the Bill & Melinda Gates Foundation.

Elarex Inc., based in Burlington, has been awarded a $1.2M Canadian grant to develop a new technology for keeping liquid mRNA vaccines safe and viable.

Elarex was created in 2019 to commercialize technology developed by a team including McMaster's Chair of Chemical Engineering Carlos Filipe, an Elarex co-founder and scientific advisor.

The grant from the Bill & Melinda Gates Foundation gives us the resources to pursue mRNA-LNP stabilization with gusto.

It is also a highly motivating external validation that we are going in the right direction, and we hope it opens the door to further collaboration." - in **"Toward more durable COVID vaccines: McMaster spinout company earns key international grant", McMaster University, 10 December 2021.**

University of Maryland, USA

> ***"Take a COVID-19 survey, even if you feel well.***
> ***Even people who feel well can help health researchers predict the spread of COVID-19 by answering a short survey from the University of Maryland."*** *- Survey on Facebook Ad, April 2022.*

"University of Maryland researchers are teaming up with Facebook to provide the survey methodology muscle needed to obtain a much-needed global view of the worldwide COVID-19 crisis.

Facebook founder and CEO Mark Zuckerberg said Monday in a Washington Post op-ed that **social networks are uniquely able to provide actionable data on the coronavirus to health officials and policymakers worldwide.**

> *"This is work that social networks are well-situated to do, by distributing surveys to large numbers* ***of people whose identities we know, we can quickly generate enough signal to correct for biases and ensure sampling is done properly."*** *- Zuckerberg*

- in "Maryland Today", 24 April 2020.

Bear in mind that The Bill & Melinda Gates Foundation came into existence in 2000.

> ***"The Bill and Melinda Gates Foundation has donated $20 Million to both the Johns Hopkins School of Public Health, and the University of Maryland School of Medicine. The money will be used to help develop a new type of vaccine that would protect infants younger than 9 months old."*** *- in "Bill Gates gives $40 Million to Hopkins, UMd. Researchers", Baltimore Business Journal, 28 August 2000.*

"The Bill & Melinda Gates Foundation awarded a $36.9 Million grant to an international consortium led by the University of Maryland School of Medicine's Center for Vaccine Development to accelerate the introduction of typhoid conjugate vaccines. The new Typhoid Vaccine Acceleration Consortium, which includes the Oxford Vaccine Group at the University of Oxford and PATH." *- in "University of Maryland Receives Gates Foundation Grant to Combat Typhoid", Coalition Against Typhoid, 2 December 2016.*

University of Cambridge

"The Gates Cambridge Scholarship programme was established in October 2000 ***by a donation of US$210 Million from the Bill and Melinda Gates Foundation to the University of Cambridge; this is the largest ever single donation to a UK University.*** *The first class of scholars came into residence in October 2001. Each year Gates Cambridge offers c.80 full-cost scholarships to outstanding applicants from countries outside the UK to pursue a full-time postgraduate degree in any subject available at the University of Cambridge. Approximately two-thirds of these awards will be offered to PhD students, with approximately 25 awards available in the US round and 55 available in the International round." - in "Gates Cambridge Trust", University of Cambridge, 2022.*

National Institutes of Health

"In the USA, the National Institutes of Health (NIH), has an annual budget of approximately US $30 Billion and influences biomedical research extensively by setting funding priorities." *- in "European Molecular Biology Organization Reports", May 2008.*

There Are No Tropical "Diseases"; "Diseases" in the Human Body Are the Same

There are no such thing as "Tropical Disease", the body has the same symptoms when under the same influences or factors, and always in accordance with the burden of neglect that has been submitted to, and which have not been addressed to which can only be done (to be sure), outside of the Medical Trade.

For only the uneducated, goes and seeks the Medical Trade, the chaps some times so-called "doctors of medicine", to supposedly help to restore Health to the Body.

So, if "Tropical Diseases" don't exist, what is there then?

In the Tropics, like wise in the Temperate and Frigid Areas of the Planet, each have its own particular:

1. Plants
2. Fauna
3. Insects
4. Smaller Organisms

These are the differences. Never new nor neglected diseases. Any body not well and properly looked after is going to show, sooner or later, the symptoms of its neglect.

There are no new diseases: For example **fever is fever**, its a condition of the body it will react to fever one way or the other, there is no such thing as yellow fever, for yellow fever is fever on a person with a liver in a dire state, thus any person with the symptoms of jaundice. And, the same can be said of Pneumonia; **Pneumonia is Pneumonia** there are no different types of **Pneumonia it is the state the body is, in which, that it will react in one way or the other, depending on the level of burden in the system. There are no "New Diseases", the conditions are always the same, the difference between one person and another in its severity, is that the worse the condition of the body the worse the symptoms. This need to be understood, if there is to be any hope for future of humanity.**

Neglected Tropical Diseases

"NTDs are found in several countries in Africa, Asia, and Latin America.

NTDs are especially common in tropical areas where people do not have access to clean water or safe ways to dispose of human waste.

Neglected Tropical Diseases:

Buruli Ulcer
Chagas Disease
Cysticercosis
Dengue Fever
Dracunculiasis (Guinea Worm Disease)
Echinococcosis
Fascioliasis
Human African Trypanosomiasis (African Sleeping Sickness)
Leishmaniasis
Leprosy (Hansen's Disease)
Lymphatic Filariasis
Mycetoma
Onchocerciasis
Rabies
Schistosomiasis
Soil-transmitted Helminths (STH) (Ascaris, Hookworm, and Whipworm)
Trachoma

- in "Neglected Tropical Diseases", CDC, 7 March 2022.

Understanding Fever

It is crucial to educate the population on Fever.

What it is, how it works, and what to expect.

When I was a child (lets say) 10 to 12 years old, I knew that every beginning of spring (Europe), I would have an onset of fever that would last for 2 to 3 days.

And I knew that if I stood in bed, fully covered, wearing a cotton pyjama, and sweat at will, I knew that in 2 to 3 days the fever would be overcome.

So every year I was ready, (I knew that in the end of winter and the beginning of spring, a few days of fever would arrive), and I would expect the onset of fever, and I knew that I would be feeling feverish and hot.

And I knew that it would be crucial that I would remain blanket covered, and I had to sweat, that sweating and keeping hot one would feel unpleasant but it was required.

There it was, a child (no one had told me what to do or what to expect, I just knew, and in my mind I had already from previous observation and experience, that I had to sweat, and I knew the more I would sweat the better, and when fever came, I knew exactly what to do and was not afraid I knew it was unpleasant, but I knew to do,and the notion I have is that the fever would last no more than 3 days), but the mind of the child (in this case me), knew, understood, from the first experience of fever that what it worked once, will certainly work again.

Now to address the understanding of what is Fever and what causes Fever.

When I took the Materia Medical Course, I had to study the classical notion of Fever, and which can be diagnosed as any higher temperature than the normal temperature of any particular individual body.

Fever takes (on average) 7 days to be treated without medication, and with medical trade medication it takes (on average) 1 week, which is exactly 7 days.

But when you take Medical Trade Drug Medication you are actually poisoning the system, which is an extra burden that the system doesn't need.

> ***"Under most circumstances, fever is beneficial, reducing the severity of illness and shortening its length. Fever enhances survival. There is no single universal "normal" body temperature for everyone at all times. Rather, body temperature varies, not only from one person to another, but also over the course of the day - lower in the morning, higher in the evening; rising during and after exercise; varying at different times in the menstrual cycle, and at different ages."***
> *- in* ***"Why Are We So Afraid of Fevers?"****, New York Times,* ***11 January 2021.***

Now, the conditions in which Fever appears differ, and may be caused by certain factors. But, these factors have to do in general, with the pressures produced in the blood supply of the individual.

(What causes these pressures? Think! And for a good measure, do read the books which have been published by the Order of the Good News, in the subject of Health).

Then, one must understand that all is connected, every system is inter-connected, so the next fought, or awareness of each and every individual (that cares about its health), is to look at the state of the Emunctories (Are these clogged?, obstructed?; or are these cleansed and fully working – as they should!), and in others, that which affects the super-sensitiveness of the sympathetic nervous system. And in other cases, that which causes pressures in the upper respiratory organs, and even so there are other factors (which we will not discuss here, but these examples will suffice, t**o understand that Fever can be caused by several factors, and not one isolated, but by several factors which are ultimately interconnected, and dependable for its manifestation one upon the state of the other**).

Certain types of Fevers can, and do, arise (for example) from 3 specific causes, such as; **the state of the body in which there is a super-sensitiveness to certain pollens, or certain activities that occur in the atmospheric pressure at certain periods of the year or season.**

Cold Weather Kills 20 Times as Many People as Hot Weather

"Cold weather kills 20 times as many people as hot weather, according to an international study analyzing over 74 million deaths in 384 locations across 13 countries.

The findings also reveal that deaths due to moderately hot or cold weather substantially exceed those resulting from extreme heat waves or cold spells.

"It's often assumed that extreme weather causes the majority of deaths, with most previous research focusing on the effects of extreme heat waves", lead author Dr Antonio Gasparrini from the London School of Hygiene & Tropical Medicine, London, UK.

"Our findings, from an analysis of the largest dataset of temperature-related deaths ever collected, show that the majority of these deaths actually happen on moderately hot and cold days, **with most deaths caused by moderately cold temperatures.**"

The study also found that extreme temperatures were responsible for less than 1% of all deaths, while mildly sub-optimal temperatures accounted for around **7% of all deaths - with most (6.66% of all deaths) related to moderate cold.**"
- in "Mortality risk attributable to high and low ambient temperature: a multicountry observational study", **The Lancet, 20 May 2015.**

Chemical Products of Pathogenic Bacteria

"I propose in the following lectures to discuss **[the] generally the nature and action of the poisons and chemical products formed by pathogenic bacteria,** and to illustrate the subject by an investigation which has occupied me recently of the pathogenic action and the chemical pathology of the typhoid bacillus and of 2 other bacilli closely related to it.

Most of the poisons which are to be considered are substances which cannot be defined chemically, and this at the outset is a very great difficulty in an attempt to classify such poisons accurately.

The transformations which bacteria, both non-pathogenic and pathogenic, produce in substances are of great variety.

A living bacterial cell and any secretion which it may produce; and it will be seen that **the body of the bacterium as well as its secretion**, whether this be of the nature of a ferment or not, **are both of the highest importance in the consideration of the diseased conditions and processes.**

In bringing these aspects of bacterial action to your notice; it will be seen to what extent the products of their digestion of albuminous substances or the mere secretion of poisonous substances act in disease.

The study of putrefaction, which is produced by many different micro-organisms, has shown that, besides the production of albumoses as the early products of digestion, numerous chemical substances or final products are formed, some of which are not toxic, although many are highly poisonous.

The Effects of these Toxic Bodies of Putrefaction are:

1. That of intense local irritation, whether they are injected under the skin or introduced into the digestive tract;

2. An action on the central nervous system whereby, besides the **production of muscular twitchings and clonic**

and tonic spasms, there is with many of them a tendency to the production of stupor and coma, ending in death.

These chemical products of putrefaction, with perhaps one exception - that of mydaleine - do not cause a rise of body temperature, so that the fever which is observed in cases of poisoning by putrefactive products, such as those occurring in some cases of food poisoning, are due to other products of the bacteria.

As I have shown, **in anthrax such a product is formed and is one of the active poisons in the disease.**

Bacterial Poisons

The 3 kinds of poisons which have been indicated must be borne in mind:

1. The poisons secreted by the bacterium itself;

2. The products of the digestive action of the bacterium - i.e., the albumoses;

3. The final non-proteid products, which may be provisionally called animal alkaloids.

Secretory Products of the Bacteria

The 2 best known examples of toxic secretory products of bacteria occur in the bacilli of Diphtheria and of Tetanus.

Intra-Cellular Bacterial Poisons

The 3 classes of poisons just described are extra-cellular bacterial poisons, but besides these, which are present in the culture fluid in which the bacteria are grown, **poisons may be present in the bodies of the bacillus: Intra-Cellular Poisons.**

Toxic Action and Reaction

The symptoms are only those of what we must call a toxaemia or blood-poisoning that is, there is fever in a greater or less degree, **with great bodily depression and**

loss of weight, with some alteration in the secretion of the glands, more evidently those of the kidney and the skin.

At some period or other of this process the fever may be absent and yet the process of poisoning may be progressive. In the second class of cases besides the symptoms of toxaemia there are present during the acute disease, or following as sequelae, specific lesions, mainly of the nervous system. Examples of toxaemia without specific lesions occur in anthrax or malignant pustule and in typhoid fever. Examples of the second class are diphtheria and tetanus, in both of which, besides the toxaemia, there are specific symptoms referable to the nervous system.

Toxic Reaction

Besides the poisonous effect of the bacterial products on the body whereby an injury is effected on the tissues, producing either alteration in function with or without obvious degeneration of the tissue itself, bacterial products may produce what may be called a toxic reaction.

Toxic Action of the Peritoneal Fluid

It has been stated that the cause of death when the virulent peritoneal fluid is injected into a rabbit or a guinea-pig was due more to the action of a chemical poison than to the growth of the bacillus, since this occurred so rapidly.

Poisons Formed

The results of growing the non-virulent bacillus in a proteid solution show that the poisons are of the same nature as that formed by the virulent bacillus in broth.

The digestion which takes place in the proteid solution is extremely slight and **the toxic body is thus mainly a secretion of the micro-organism.**

Although **the toxic products are developed in the presence of digestible proteids**, yet they are most evident when the bacillus is grown in peptone broth.

The more virulent the bacillus the more toxic becomes broth. Like the diphtheria toxin, tetanus toxin acts on the spinal cord, but in another direction it produces convulsions instead of paralysis.

The actions of these poisons on the heart is therefore one independent of any action on the nervous system, and is probably a **direct toxic effect on the cardiac muscle.**

All the bacterial poisons (which I have myself examined) **produce a profound change in the general nutrition, which is in many instances independent of any fever produced, and it may be that the degeneration of the heart muscle is only an expression of this disordered nutrition.**

The structural changes which occur in the organs are the result of the action of these poisons, a subject which has been worked out very fully by Dr Simon Flexner, in **"The Pathology of Tox-Albumin Intoxication**, John Hopkins Hospital Reports, Baltimore, 1897".

Chemical Nature of Bacterial Poisons

Poisons of Proteid Nature - Some of these poisons are so closely associated with proteids as to be inseparable.

From what we know of other intestinal affections, the view that the infection in enteric fever is primarily intestinal is the more logical.

The part of the intestine affected - namely, the Peyer's patches - is the least protected part of the mucous membrane, and is a tissue of only slight metabolic activity, covered with a single layer of epithelium, with no villi; whereas the rest of the mucous membrane is covered with villi, which are more or less constantly in a state of active metabolism. Moreover, in tuberculosis produced by feeding, **the Peyer's patches of the intestine are the first infected, and I cannot myself conceive of any general intestinal ulceration occurring in the absence of a local infection."** - Dr Sidney Martin, MD, FRS, FRCP, in "The Croonian Lectures on the Chemical Products of Pathogenic Bacteria Considered with Special Reference to Enteric Fever", The British Medical Journal, 9 July 1898.

The Nervous Mechanism Controlling the Viscera Engaged in Biochemical Elaboration

"Since the notable work of Bouchard on Autointoxication:

1. By the absorption of Toxic Agents from imperfectly digested food.

2. By the retention and accumulation of normally produced materials that should be further elaborated and changed.

3. By the production of abnormal substances within the body.

A new light has been thrown on this difficult subject.

But little consideration is required to convince us that this furnishes an adequate explanation of the mental symptoms of neurasthenia as a simple beclouding of the **normal physiologic action of the brain by poisonous elements in the blood.**

The grosser forms of auto-intoxication, such as by decomposing food within the alimentary tract and the retention of excretions, produce nervous conditions of a different character, it is true, for the more delicate affection under consideration is mainly connected with the other forms of **auto-intoxication mentioned, wherein biochemical processes are arrested and abnormal products persist within the blood.**

But a reference of the symptoms of neurasthenia to auto-intoxications does not give us a complete key to its causation.

To get at the true cause of this, we must go a step further back, and that brings us at once to **the nervous mechanism controlling the viscera engaged in this biochemical elaboration.**

Now, **it should be realized at once as a cardinal fact that the automatic functional activity of all the viscera of the abdomen is presided over by the sympathetic system of nerves,** and it necessarily follows that any widespread or synchronous deviation from their normal functionation (to carry on a natural especially organic function) points to deficient innervation from this source.

Individual organic incompetence does not, of course, point definitely to this source, **but conjoint incompetence does.**

Strange to say, **this obvious explanation of auto-intoxications, due to failure of the liver, small intestine, and other viscera, to change albumoses into serum albumin, urea, etc., has received scant notice, if any at all.**

Many physicians have completely lost sight of the important functions of this supposedly secondary nervous system, and a well-known neurologist and brain specialist of Philadalphia even denied its existence as a nerve centre in a discussion at a medical society something over a year ago.

That these visceral ganglia are endowed with initiative or centric powers, is amply proven by the simple fact that if the heart or intestines of a mammalian be completely removed from their connections with the body, the muscular tissue will continue to functionate for some minutes, and in reptiles for some hours; **and this when only that portion of the visceral ganglia situated within the substance of the organs has been removed with them.**

If this is so of muscular functionation (to carry on a natural especially organic function), it must be true also of other organic actions.

Both Physiology and Chemistry tell us that the animal organism is rather a republic than a kingdom. **There is no one spot that furnishes so-called vital force to the whole, but each organ manufactures its own vital effects by a special appropriation of energy from its animating neurons in the visceral ganglia connected with it.**

Energy can neither be created nor destroyed, we must conclude that the neuronic center of the ganglia merely stores energy that has been released by the atoms in their ever-changing dance of molecular transformations.

Vital force is, then, only atomic force after all, and probably we should rather regard the sympathetic nerve

centers as analogous to storage batteries instead of dynamos, **for the storing up of force released in the retrograde of anabolic molecular changes, and the application of this force to the building up or katabolic molecular unions of atoms within the viscera, for it should be understood that force is an inherent quality of atoms, which is absorbed and rendered latent when atoms combine in the higher molecules, as in living tissues, and rendered apparent and free when these higher molecules are broken up into simpler excretory forms.**

Picturing thus the sympathetic ganglia as force-storage batteries of animal life, we have a key to the cause of the more delicate Autointoxication from failure of the important abdominal laboratories to receive a due portion of released energy from these distributing mechanisms.

The seat of the disease is, therefore, traceable to the ganglia themselves, though it should be remembered that its intensification may be due to a reaction of the intoxicant effects on the causal weak spots, thus creating a vicious circle of action and reaction." - Dr G. Betton Massey, MD, Philadelphia, Pa., in "Neurasthenia An Abdominal Neurosis", Virginia Medical, 25 June 1897.

"Professor Buchard in "Lecons sur Intoxications" says:

"That which renders possible the development of an infectious disease is not the accidental meetings of a man and a microbe. Such encounters are constant, but are generally without result.

Microbes, even the most dangerous, besiege us. They are spread about us by nature with the same prodigality with which she distributes the pollen of flowers and other fertilizing material, notwithstanding their reproduction is rare. Infectious maladies are thus accidental, since it is but rarely that the infectious agent finds favourable circumstances for its development and multiplication, after its penetration of the organism." - in "Virginia Medical Semi-Monthly", 1898.

"The healthy man is not hospitable to microbes.

Although constantly invaded, he reacts against them, and in this battle generally maintains the ascendancy to such a degree that even the presence of the disease is often not apparent.

It is not the same, however, when this vitality is lowered; then his means of defence are diminished.

Then it is that certain microbes may invade his body, the health of which is impaired, the consequence of some disturbance of nutrition, and chemical constitutions of the organs modified." - Dr John Harvey Kellogg, MD in "Modern Medicine and Bacteriological Review", Vol. 5-6, 1896.

Yellow Fever Virus Farce

"**The yellow fever virus** is found in tropical and subtropical areas of Africa and South America.

The virus is spread to people by the bite of an infected **mosquito.** Yellow fever is a very rare cause of illness in U.S. travelers. Illness ranges from a fever with aches and pains to **severe liver disease** with bleeding **and yellowing skin (jaundice).**

Yellow fever infection is diagnosed based on laboratory testing, a person's symptoms, and travel history.

There is no medicine to treat or cure infection.

To prevent getting sick from yellow fever, use insect repellent, wear long-sleeved shirts and long pants, and **get vaccinated.**" - in "CDC", 2 June 2022.

> ***"Jaundice, a sign of elevated bilirubin levels."*** *- in "CDC", 16 November 2021.*

> ***"Dyspeptic Cirrhosis of Liver - Dr. Emile Boix, Interne Laureat des Hopitaux de Paris, etc., in his recent valuable monograph on the Liver of Dyspeptic, and particularly the Cirrhosis Produced by Auto-Intoxication of Gastro-Intestinal Origin, points out that alcohol is by no means the sole cause of cirrhosis of the liver, as so generally taught in books and colleges."*** *- in "Virginia Medical Semi-Monthly", 1898.*

"**The blood-films from yellow fever cases that were examined,** were some of those from which O'Brien (1914) described a degeneration of the polymorphonuclear leucocytes which he considered to be characteristic of the disease.

Some of the abnormal forms he interpreted, correctly I believe, as being dead cells.

Identical forms were described by Dr Mary Rowley (1907) in a fatal case of aortic and mitral disease with anaemia; and this author was able to bring forward evidence in proof of the fact that these cells had been killed.

Similar polymorphonuclear leucocytes are seen occasionally in the blood of normal persons; but they are relatively much more abundant in acute cases of malaria and in yellow fever.

It is probable that in these diseases the profound Toxaemia causes a great destruction of the circulating polymorphonuclear leucocytes, and thus leads to a relative increase in the peripheral blood of the young cells — namely, those belonging to Arneth's Classes I and II, and a corresponding shift to the left of the count.

The increase in the percentage of young cells in the peripheral blood might result from (1) **the elimination of the cells of the higher classes by the selective action of the toxins** as suggested by Chamberlain, or (2) a flooding of the blood with newly-formed elements produced by the activity of the leucopoetic system.

As a leucocytosis is frequently observed in blood in which there is a marked shift to the left of the Ameth count, and as there is really no reason to suppose that the cells of the higher classes are the more actively phagocytic, and so the more liable to be destroyed by a high degree of toxic and bacterial absorption.

I am inclined to think that the latter explanation is the correct one." - Dr J. W. Scott Macfie, D.Sc, MB, in "Nuclear Variations of the Neutrophile Leucocytes (Arneth Counts) in Malaria and Yellow Fever", Annals of Tropical Medicine and Parasitology, 1915.

Infectious Diseases not Autogenetic

"Auto-intoxication universal among living things.

Metabolic end-products poisonous to the parent cell.

The gross causes of their retention.

The specific infectious diseases not autogenetic (auto-infection). A disease may cause auto-intoxication, and be caused by it." - Dr Louis Chapman, MD in "Auto-intoxication as a cause and complication of disease", 1903.

Typhoid Fever

"But if there be "suitable soil" in which to become implanted - if disease of the part exists or is produced - then the tubercle bacilli have the essential conditions present for their rapid multiplication.

With reference to typhoid fever, Sanarelli found by experiments that the anatomical lesions and symptoms are the same, whether following infection by the typhoid microbe or intoxication by its products." - in "Virginia Medical Semi-Monthly", 1898.

"It is well known that intestinal distension is a frequent complication of appendicitis and peritonitis — not only a discomfort, but even a danger to the welfare of the patient.

The value of pituitary extract in overcoming this complication has been definitely proved.

In several cases of Toxaemia due to appendicitis and peritonitis I have administered pituitary extract.

I usually injected 1 c.cm. of Messrs. Burroughs, Wellcome & Co.'s pituitary extract subcutaneously, and also 1 to 2 pints of saline.

Both being repeated in 4 to 6 hours if necessary.

I believe that in all serious cases of Toxaemia both pituitary extract and salines should be given; the pituitary extract besides raising the blood-pressure and stimulating the heart muscle and intestinal peristalsis, also increases the flow of urine, and thus also helps with **the saline in eliminating the toxins in the blood.**

Good results have been obtained in Typhoid Fever, Tuberculosis, Influenza, and Septicaemia, and in many other diseases where Toxaemia is present." - Dr Charles O'Brien, BA, MD, B.Ch., BAO, Univ. Dubl., Acting Surgeon, Royal Navy Medical Service, in "The Therapeutic Value of Pituitary Extract", The Dublin Journal of Medical Science, 1 December 1914.

Viral Hemorrhagic Fevers Medical Trade Farce

1. **Alkhurma hemorrhagic fever virus**
2. **Chapare hemorrhagic fever virus**
3. **Crimean-Congo hemorrhagic fever virus**
4. **Ebola (Ebola Virus Disease)**
5. **Hantavirus Pulmonary Syndrome**
6. **Hemorrhagic fever with renal syndrome hantaviruses**
7. **Kyasanur Forest Disease virus**
8. **Lassa fever virus**
9. **Lujo hemorrhagic fever virus**
10. **Marburg hemorrhagic fever virus**
11. **Omsk hemorrhagic fever virus**
12. **Rift Valley fever virus**
13. **Severe Dengue Virus**
14. **Yellow Fever Virus**

- in "CDC", 2 September 2021.

Every forest and every city has a "virus" (but only in exotic and far, far, away)

"But the truth is, that fever is a subject of the greatest extent.

It is - probably with one exception - the most wide-spread disease which affects our race; it is the tenant of every clime, and dwells in every zone, north, south, east, and west; it existed from the earliest periods of recorded time; it is amongst us still.

It at times appears almost as if it were an Epidemic.

It is one of those occurrences in fever which is decidedly influenced by the Season of the Year; it is always an marked, often a most prominent, feature in the disease.

In the great majority of instances it shows itself spontaneously; it then, in fact, constitutes a feature in what may be called the natural history of the disease.

I have never yet seen an instance where Nature led the way, that the relief afforded was not of the most marked kind.

If Nature acts in one way, and acts so beneficially, can that treatment be the best which does not imitate her?" - Henry Kennedy, Fellow of the King and Queen's College of Physicians in Ireland, Physician Extraordinary to Sir Patrick Dun's Hospital, in "On Hemorrhage in Fevers, An Essay", The Dublin Quarterly Journal of Medical Science, 1 August 1955.

"The inability of American Public Health and Military Health officials in the Philippines in the years between 1899 and 1935 to replace obsolescent late Galenic medical and Hegemonic Imperial Discourse ways of thinking about diseases of "the Other" with the morally-neutral findings of the laboratory sciences.

Instead of spending the little money at their disposal on the disease prevention techniques mandated by the findings of modern laboratory science - the provision of Safe Water and Sanitation to rid the Philippines of water-borne mass killers such as cholera, typhoid, dysentery and diarrhoea - the Authorities spent heavily on a non-lethal disease which affected a tiny minority.

In 1928, at the Cairo Conference on Tropical Medicine, bemused Europeans and Arabic-speaking Orientals heard the Americans boastfully announce that they were spending a third of their health budget in the Philippines on punitive leprosy controls.

Later studies showed however that the impounding and "civilizing" of 13,000 lepers in the Culion leper colony between 1906 and 1921 had made no appreciable impact on the prevalence of the disease in the Philippines.

In short the "pathologies" that Warwick Anderson has brought to our attention (without saying so directly) are the fantasies that existed in the minds of the US Military and Public Health officials, the divinely-inspired, government-appointed Civilizers of "Orientals" in the Philippines." - in "Journal of Social History", Vol. 41, No. 4, 2008.

*“**In Typhoid Fever, intestinal haemorrhage is not very unusual. According to Bamberger, typhoid fever is, after dysentery, the most frequent cause of haemorrhage from the bowels.**” - in “Intestinal Hemorrhage and its Prognostic Significance in Typhoid”, The American Journal of the Medical Sciences, 1881.*

Turpentine in Haemorrhages of Typhoid Fever

“I have just finished reading “Extracts from the Records of the Boston Society for Medical Improvement”, published in the number for this month of the American Journal of Medical Sciences.

I must confess my astonishment that not one of the members - so far as is shown by the "Extracts"- made reference to the spirit or Oil of Turpentine as an Efficient Remedy in the Hemorrhages of Typhoid Fever.

If it is an omission on the part of the reporter, he has not done justice to the members of the Society.

The claims of turpentine to remedial importance in the hemorrhages of typhoid fever were not known.

Oil of turpentine, in drachm doses every 6 hours, was resolved upon, and, during the intervals, beef-tea and arrowroot jelly at stated periods and in specified quantities, were to be given.

In a few days we had the pleasure of hearing our patient converse rationally, and after a tediously-prolonged convalescence, he recovered, and I have since seen him apparently, and he says certainly, as well as he was before the attack.

This is but one case, it is true, but to my mind it tells with an effect 10 times more forcible than the presumptions of even the most aged and most experienced practitioners.

Some 3 years ago I had the good fortune to be thrown in company with Dr Ogleby of Madison, Georgia, and in our

conversation he made reference to a case almost if not quite as positive as the one I have so hurriedly given, in its favourable testimony to the virtues of turpentine.

Its virtues as a styptic were not well appreciated in 1812, when the 4th American edition of Cullen's Materia Medica was published.

For Dr Barton says, in a note:

> ***"Though it may be difficult to explain the act, and improper to imitate the practice without great caution, there can be no doubt, that the Terebinthinate medicines have sometimes been usefully exhibited in alarming bleedings from the intestines and other parts of the body. I have myself seen good effects from the Turpentine in cases of this kind. But it is chiefly the experience of respectable British practitioners upon which I depend."***

Pereira makes reference to it as a styptic in a careless, and by no means commendatory, manner.

But in the Medical Journals, **are to be found many reports from reputable practitioners which tend to establish confidence in turpentine as a styptic.**

In the London Medical Times for 14 Dec. 1850, and 22 Nov. 1851, are contributions from a practitioner by the name of Bradley, "illustrating the good effects of turpentine in hemorrhagic diseases."

But communications more appropriate for citation under the circumstances which have induced me to call your attention to this medicine, are to be found in the Medical (Philad.) Recorder for 1826 and 1828.

Much has been proven to be true which is seemingly forgotten, and an occasional turning up of "old documents" cannot fail of producing good - and the true and good, I take it, constitute the legitimate objects of the physician's efforts.

But the most important cases bearing on this subject, are cases 3 and 4, recorded by Dr Caleb B. Matthews, MD, of Philadelphia, in the Med. Recorder, Vol. XIV., 1828.

Case 3, after "repeated attacks" of intermittent fever of the tertian type, was suddenly seized with alarming hemorrhage throughout the whole mucous membrane.

A similar case in the same family had a fatal issue, in which the turpentine had not been used. It was employed in this case, and recovery resulted.

Case 4 was in the same family, and was a case of hemorrhage after protracted fever, cured by turpentine." - in "Turpentine in Hemorrhages of Typhoid Fever", Boston Med. Surg. Journal, 25 February 1852.

Artificial Serum-irrigations in the Treatment of Enteric Fever

"Dr T. Baylac, inspired by the good results obtained in 1893 in the Treatment of Cholera, has extended the use of this method to Enteric Fever.

Its advantage lies in its simplicity as compared with intravenous or subcutaneous injections, although in desperate conditions the intravenous method may he necessary.

The amount of normal saline solution used is one quart, introduced through an irrigation tube each morning and night at a temperature of 59° F., and retained so long as is possible. - Revue de Therapeutique Medico Chirurgicale, 1900, No. 16.

Normal Salt Solution in the Treatment of Hemorrhage in Typhoid Fever

Dr C. H. Andersen urges the intravenous injection of a quart of normal Salt Solution, the reservoir being elevated 3 feet, and the time required for the injection being 20 minutes.

Five patients received transfusion, one several times for repeated hemorrhage, and all recovered. Medicine, 1900, vol. vi.

[The claim that this method is new is hardly tenable in view of the fact that to our knowledge it has been practised for nearly a score of years. - R.W. W.]." - in "The American journal of the medical sciences", 1901.

Chapter 4

Ageing in the Total Animal

*"**In no case did the athlete group have significantly different longevity from a random group of college men.** However, **honour men or intellectuals had a 2 year longevity advantage over athletes**, and the general group of non athletes. In view of the lack of clear evidence of the effect of exercise on the incidence of coronary artery disease, the Task Force on Arteriosclerosis of the National Heart and Lung Institute (1972), concluded that there was not enough evidence to warrant a trial of exercise in the primary prevention of coronary heart diseases." - Nathan Wetherill Shock, in "Handbook of the Biology of Aging", 1977.*

"Ageing in the total animal is the summation of changes that take place at the cellular, tissue, and organ level.

Life of the total animal requires the integrated activity of all of the organ systems of the body to meet the stresses of living.

These are influenced by several factors, and never in any case solely dependent upon one only factor.

The key to longevity is to know how to maintain the body in:

1. Nutritional terms, and in
2. Functional terms, and how to help the body to
3. Regenerate the at the cellular level." - Rui Alexandre Gabirro, Emunctologist

The Effects of Infinitesimal Doses In Relation to Metabolic Action

"It must be noticed that the atoms of any substance are much more chemically active when existing as ions.

At the moment of dissociation the atoms of molecules of the substance are always ionized, and this constitutes what we term the nascent state.

A striking example is shown in the fixation of atmospheric nitrogen by passing the air through an electric arc.

In the air the oxygen and nitrogen exist as molecules of these bodies, and therefore will not combine, but when passed through the synthesizing arc, they are ionized, and therefore readily combine and become the source of such products as nitric acid, etc.

Equally important also is the new knowledge derived from the study and investigation of nature of solutions, because **all the fluid contents of living cells and fluids in the circulation are solvents, containing saline bodies, such as salts of potassium, sodium, etc., and all are electrolytes.**

The old idea of the nature of solutions was that the salt when dissolved consisted in the separation of the constituent molecules and their diffusion through the whole volume of the solvent, 80 that when the saturation point was reached, the molecules were equally distributed by a process of diffusion through every part of the volume of the solvent.

That when the salt is dissolved, say in water, its constituent molecules undergo, to greater or less extent, molecular dissociation — a portion of the molecules becoming free ions, and are diffused in the water, as such, and causing the water, which would otherwise be a nonconductor, to become an electrolyte.

In any solution the degree of this dissociation depends on the nature of the salt dissolved, the character of the solvent, and the temperature and the degree or strength of the solution.

It has been found that if water contains 0.0036% of hydrochloric acid, that 99% of the acid will always be dissociated and present in the water, not as hydrochloric acid molecules, but as hydrogen and chlorine ions, and only 1% remains undecomposed.

The same atoms are not always in the ionic state, as there is always a continuous process of association and dissociation taking place, so that for every second an atom spends in combination, it spends 99 seconds as an ion.

Strong acids and alkalies when diluted down to 0.001 of a gramme molecule in 1 litre of water are entirely decomposed into ions, and cease to exist otherwise.

From a biological point of view this is most important, and furnishes a clue to many hitherto mysteries in biochemistry.

So important is the part played by the ions in the chemical changes within the organism, and especially in the colloid constituents of the cell-plasma, that all biochemical reactions may be considered as taking place between ions alone.

The reaction between ions is always instantaneous, and thus we have the astonishing fact revealed that in metabolic and anabolic action the formation of the biogens is not gradual, but per saltum, or complete in an immeasurably short space of time, although the reactions necessitated by the presence of the more complex colloids may take a relatively longer space of time.

The speed appears to depend on the part played in the reaction by the crystalloids allied with them.

As an instance, take the formation of milk in the follicles of the mammary gland. Here, divided by a thin triple membrane triple, not double, as suggested by Helmholtz - not the hundredth of an inch thick, we have the blood circulating on one side and the milk dripping out on the other side.

Milk is composed of the same materials as blood, but not in the same proportions, and yet during the passage of the blood through that thin membrane, which does not take longer than the fraction of a second, we have the complete resolution of the blood into proximate, or possible ultimate constituents of milk, a change which necessitates the dissociation and rearrangement of millions of the atoms and molecules.

The exchange is effected with greater speed than the explosion of dynamite.

Consider, too, **the absorption and replacement of cells in the body, especially in the most active part of the brain, where it is estimated at thousands per second.**

There is also strong evidence to show that ions do not always exist singly but in groups, and thus act as monads, diads, triads, etc.. a fundamental law in the new ionic chemistry.

This is specially important in metabolic action.

Under certain conditions living cells, which have become depleted of ions, can even produce new ions from unionized materials, and thus under the influence of nervous or neuro-electrical stimulus, become rejuvenated with their functions restored.

It is upon this that the dielectrical treatment of disease is based.

The material of which a cell, either animal or vegetable, and its contents are composed, are all found in the inorganic world, but the living cell substance and its contents contain compounds which nowhere find analogues in inorganic nature.

The typical cell content is protoplasm, an exceedingly complex body which has never been analyzed except when it has ceased to live, and which is composed of proteids and proteid – compounds, and is always highly ionized.

From this, by metabolic and anabolic action, every organ of the body is derived and supplied with the necessary carbo-hydrates, fats, sugars and other substances which are required for its structure or use.

Water, or the elements of water and inorganic salts, are always present and essential.

The metabolic action within the cell results in the formation of the biogens which it is the function of that particular cell to produce, and the products of combustion and decomposition, not required by that particular cell, are extruded through the cell membrane into the lymphatic or venous circulation as the case may be.

Along with metabolism, and especially in the brain cells, there is always associated with it a transformation of energy, which results in the activities of the organism, such as mechanical motion, heat, light and neuro-electricity, which is essentially ionic and forms the medium through which the necessary stimulus from the brain is transmitted to every living cell in the organism by means of the nervous system.

The nerve-substance is a conductor of electricity and always highly ionized.

If any cell, or group of cells, is isolated for the nervous influence and control, the whole of its activities cease in a short time. Not at once, for each living cell always contains a small store of potential energy which can, when necessity arises, become kinetic.

This is specially the case when the isolated region is well supplied with ganglia, which act as storage batteries or accumulators which can be called upon when either the supply is cut off or the quantity or potential reduced below a certain point.

It was formerly thought that the interchange of the cell protoplasm by absorption or extrusion of the cell contents, after under going metabolic action, was the result of simple osmotic and exosmotic action, the same as transference through a dializing membrane, or the result of difference in surface tension between the plasma within the cell, or associated with the cell membrane, and the serum or lymph in the arterial circulation outside the cell.

Researches by Czapec and others, in vegetable cells and my own researches in animal cells, viewed in the light of ionic reactions, have modified this opinion, and it is now therefore held that the cause is not so simple, but that in addition to this, the transference is further governed by the electrical condition of the ionic groups on both sides of the cell membrane.

The most singular fact is, that the salts held in solution in the circulating fluids do not them selves pass through the cell membrance into the interior of the cell, but only ions of the salt.

These ions disappear rapidly in the metabolic action in the cell, being used up in the production of the biogens, and have to be continually replaced from without, since no activity is possible without their presence.

That is only the ions of the salt, and not the salts themselves, as such, that the presence in the cell plasma is conclusively proved, as in the case of potassium, since the cell contents give no trace of reaction with platinic chloride, while in the ash it is quite distinct.

In an organism, the cell-sac, wall, envelope, or membrane, consists of a triple layer, the inner one made out of formative and not formed material, and therefore constantly in a state of change and corresponding in the animal cell to the inner layer in a vegetable cell called by Mohl the "primordial utricle", which can be shown, by plasmolysis, to be of a denser consistency than the cell contents, but not than the outer layer.

It offers a good example of what has been called "purposive material" in possessing special functions.

The ions or groups of ions in this layer, which may be called the "selection layer", determine the character of the nutritive plasma which shall be absorbed from the blood and the products of the metabolic action which shall be extruded.

It exercises the function of selective absorption, to which is given the name of "absorption".

These interchanges can only take place when the sum of the electrical charges on the two sides of this cell membrane are of the opposite sign, so that they attract each other.

This knowledge goes far, as the only possible explanation of the hitherto inexplicable phenomena of concurrent endosmosis and exosmosis in the living cell.

It may be noted in passing, that in these facts we have the explanation of the cause of the potency of the extremely dilute solutions used in homeopathic treatment, because in these solutions the materials used exist only as ions, and therefore can enter at once into the living cells and take part in the metabolic reaction.

This forms the scientific basis upon which homeopathic practice rests.

The protoplasm within the cell is always in the condition of a colloid emulsion along with crystalloids, and most of the colloids are always in a negative condition.

Both these are necessary to the performance of the vital function within the cell.

The colloids give the stabilizing condition necessary for the permanence of the structure; and the crystalloids, which are always highly ionized and therefore good electrolytes, supply the means by which communication can be maintained with the other part of the collective organism, the introduction of nourishment and the removal of waste products.

The sum of the electrical condition of the ions within the cell, causes them to act like acid anions, and will, therefore, in absorption chiefly attract the bases of the salts in the circulation, viz., the kations, while the anions remain unaffected.

There will, therefore, be an acid reaction without the production of fixed acids.

The disappearance of the ions within the cell, resulting from the formation of biogens and the liberation of free ions, will always cause the potential to be negative and lower on the inner surface of the selecting layer.

The fixing of the ions within the cell renders necessary a continuous supply of new ions by the neuro-electricity sent from the brain to all the working cells, or supplied by the ionized salts in solution in the blood.

Not a single change takes place in the cells of the body, and no vital reaction is effected in the tissues without the intervention of electricity.

Every nutritional change in a cell or the tissues, every secretion of a gland, every contraction of a muscle, are associated with electrical phenomena, which can be demonstrated by suitable means with a sensitive galvanometer.

Any interference with the supply of these ions to the cell immediately causes an arrest of metabolism within it, and the first consequence is always a rise in temperature or local pyrexia.

Normal temperature, 98.4° F., is always associated with health, and a rise is the sure indication of disease.

A failure in the supply of ions may arise from many causes, such as injury to the generating centres in the brain, malnutrition, loss of the conducting power in the nerve-substance arising from disease or mechanical injury, leakage through the outer nerve-sheath by loss of insulation.

In any case the results are the same, and it is interesting to note how the rise in temperature originates.

While the living cells in the body act under nervous stimulus collectively, as a whole, they act separately and individually as a constituent unit, and perform their several functions as if entirely isolated from any collective action.

Each cell of the organism is, indeed, a separate laboratory, in which nutrient material is continually being decomposed and recomposed into the special biogens, while the useless products are concurrently extruded.

These are always electrically negation, be cause the positive ions, ions, which are always of atomic proportions, are retained as essential to the formation of the molecules of a biogen, and never remain uncombined or free, except for an inconceivably short time, such as the millionth of a second.

The result of the electrically negative condition is that the cell contents are self-repulsive, and attracted by the positive condition of the molecules outside, and thus remove into the venous or lymphatic circulation.

The selecting layer of the cell-wall evidently possesses synaptic properties like the afferent nerves, which permit the passage of the current of neuro-electricity only in one direction, and the selecting layer seems to be permeable only to positively charged ions inward and negatively charged ions outward.

This is probably assisted by a higher potential in the positive ions in the arterial circulation which will necessarily have a greater ionic pressure.

So long as the cell is supplied with neuro-energy the extrusion of cell contents keeps the quantity and temperature of the cell contents constant, but whenever this trophic influence is disturbed, the balance between intrusion and extrusion is interfered with, and serious results immediately follow.

The combustion of some of the material within the cell, as the result of oxidation, raises the temperature and supplements the heat in the general circulation arising from the oxidation of the waste products in the lungs, and thus increases the general temperature of the body.

In the health the variation in and regulation of the temperature is provided for by the control of the perspiration and other means.

When the supply of neural energy is interfered with, the metabolic activity is reduced, and the heated plasma is retained within the cell for a longer period.

In addition, it increases in volume, and puts a pressure on the cell wall which, while it may hasten extrusion, and a point is at last reached where rupture of the cell takes place, and congestion ensues.

This forms a centre of inflammation which tends to extend indefinitely both in area and intensity, causing local pyrexia.

If by any means the necessary supply of the neuro-electricity is restored, the ruptured cells are absorbed and removed, and the temperature falls.

Unless arrested the local pyrexia tends to increase and spread until it interferes with the general temperature in the circulation and a change then takes place in the condition and contents of the blood.

The colour of the blood is due to the red corpuscles, of which there are on the average about 5,000,000 in every cubic millimetre in a man.

There are also associated with them a number of white corpuscles or leucocytes in the proportion, in healthy blood, of 1 white to 700 red.

These amongst other functions act as the scavengers of the blood as they absorb and digest any foreign organisms which may be in the blood, such as bacteria or other disease germs before they become so numerous as to cause disease.

A rise in temperature of the blood of even 1° F. above the normal, commences to coagulate the sensitive

albuminoids of which they are composed, and renders them sluggish and thus in proportion to the rise less capable of phagocytic action while at the same time it renders the bacteria more active and their generation more rapid.

It acts also in a deleterious manner on the red corpuscles and so hinders the absorption of oxygen and the removal of effete matter.

All this can be observed under the microscope with a power of 2,000 diameters and above.

The reduction of the temperature by the dielectric treatment at once restores the advantage to the white and red corpuscles, hinders the activity and propagation of inimical bacteria and lessens the abnormal production in the blood of substances upon which they feed.

The nerve substance which forms the conducting material in the central core of the nerve fibre has become so highly specialized that the cells have lost the power of reproduction but this fortunately does not apply to the outer non-conducting layer of the nerve fibre.

When, however, the sheath is ruptured or its dielectric properties reduced so as to permit a leak, a short circuit is formed into the surrounding moist, and therefore conducting tissues, and there is an escape of the neuroelectricity and a corresponding deficiency in the neuroelectrical supply to the cells beyond the leak which are served by that nerve tract.

It must be noted that while the nerves associated with the senses situated in the head form a closed circuit, so that the neuro-electricity after energizing the sense organs returns to the generating centers in the brain, those of the nervous system which are distributed through the spinal nerves and their ramifications, are an open circuit, and the residual neuro-electricity is given off from the surface of the skin at the extremities of the nerve.

A gold leaf electroscope is discharged more rapidly when subjected to radiation from a dry surface of the human body showing clearly that ions are being discharged in the same way as those radiated from radium, but the action is much slower, as the number discharged in the same period is much less.

If neuro-electricity were visible we should probably see every human body, we might almost say every living thing, surrounded by an aura or magneto - electrical field extending some distance from the body and gradually fading into space.

Under ordinary circumstances this nerve leak can never be repaired because the sheath-cells by the escape of the neuro-electricity become over-ionized.

Over-ionization is as inimical to the normal working of the cell as under-ionization.

It is here that the application of the dielectric treatment comes in.

Any leak in the nerves can be unerringly located by exploitation with a sufficiently sensitive galvanometer, and in many cases, especially in the spinal nerves, even with the eye without an instrument, by a competent practitioner.

The use of a non-decomposable dielectric fluid which is perfectly deionized and therefore cannot enter into any living cell or take part in any chemical reaction, is applied over the region where the leak has been located.

The over-ionization is prevented by the stop page of the leak, the insulation is restored and the nerve sheath cells, resuming their normal activity, repair the leak. The method of action is so far unexplained, but the fact remains.

The neuro-electricity then flows forward along the whole nerve tract beyond where the leak was, and their healthy action is thus restored and the local pyrexia and its consequences are arrested. The continuation of the application usually results in the permanent removal of the causes which led to the disturbance of the metabolic action and complete restoration to health in a very large number of cases, which have hitherto been unaffected by ordinary medical treatment, and when the patients have been given up by both their own medical attendants and specialists whom they have consulted.

The treatment had been found wonderfully effective in acute cases of:

Pulmonary consumption,
Single and double Pneumonia,
Acute Asthma,
Bronchitis, even of long standing,
Tonsilitis and Pharyngitis,
Appendicitis,
Neuritis,
Neurasthenia,
Gastric ulcers,
Colitis,
Acute inflammatory piles,
Rheumatism,
Rheumatoid Arthritis,
Spinal injury,
Acute inflammation of the Kidneys,
Ovaries and Uterus,
Angina pectoris,
Pleurisy,
Eczema,
Extensive burns and scalds,
Sprains and several cases of locomotor ataxia of long standing, also
Paralysis of the Optic Nerves resulting in the Restoration of Sight." - Dr F.H. Bowman, DSc, FRS Edin., MIEE, FIC, FCS, Etc., in "The North America Journal of Homeopathy", 1919.

> ***"A more preposterous kind of reasoning is hard to imagine,*** *especially from the truly homeopathic view point,* ***which takes note not only of all the available life forces and their impedimenta, and, not of the time-frayed opinions of what calls itself Scientific Medicine."*** *- Dr C. M. Bogar, MD in "The North America Journal of Homeopathy", January 1917.*

Hydropathy

"Hydrotherapy has become an important part of the treatment employed in most of the public hospitals, and in the larger private institutions it is almost indispensable.
Hydrotherapy, one phase of this so called moral treatment, we consider to be one of the most important.
Its great versatility and convenience in adaption to various conditions, through the almost infinite variety of procedures which it affords, makes it useful in almost every form of mental disease. In the treatment of psychoses, the general principles are applicable as in any other type of disease. Disorders of various organs are found in the psychotic, as among the normal, and require the same sort of treatment." *- Martha Kearney, in "Hydrotherapy in Connection With Nervous and Mental Diseases", The Physiotherapy Review, January* ***1930.***

The Hydropathic Treatments

"The use of water for various Hydrotherapy Treatments (Hydropathy) is probably as old as mankind. *We performed PubMed and PubMed central search to review relevant articles in English literature based on **"effects of hydrotherapy / balneotherapy" on various systems of the body. Based on the available literature this review suggests that the hydrotherapy has a scientific evidence-based effect on various systems of the body. Conclusion - Based on available literature, this review suggests that hydrotherapy was widely used to improve immunity and for the management of:***

Pain,
Chronic Heart Failure,
Myocardial infarction,
Chronic obstructive pulmonary diseases,
Asthma,
Parkinson's Disease,
Ankylosing Spondilitis,
Rheumatoid Arthritis,
Osteoarthritis of knee,
Fibromyalgia syndrome,
Anorectal disorders,
Fatigue,
Anxiety, obesity,
Hypercholesterolemia,
Hyperthermia,
Labor, etc...

It produces different effects on various systems of the body depending on the temperature of water and though these effects are scientifically evidence based." *- in "Scientific Evidence-Based Effects of Hydrotherapy on Various Systems of the Body", N. America Journal of Medical Sciences,* ***May 2014.***

Honey in the Treatment of Infected Wounds

"The ability of sucrose to lower water activity to a level sufficient to inhibit the growth of microorganisms has been well documented by Professor Chirife.

In developing countries, honey continues to be used with success for the treatment of infected wounds.

In a clinical and in vitro study (Radical operation for carcinoma of vulva: a new approach to wound healing, 1970), neat honey was found to prevent growth of the common pathogenic organisms, including streptococci and coagulasepositive staphylococci, found in infected wounds.

The tissue dehydration caused by honey is rapid, and only twice-a-day application is necessary.

However, neat honey can cause excessive tissue desiccation and thus interfere with wound healing, a disadvantage easily overcome by application of saline packs whenever necessary." - in "The Lancet", 24 April 1982.

"Recently we have been able to improve wound healing in these patients by local applications of honey. This unusual treatment was first brought to our attention by Professor Scott-Russell of Sheffield during 1968. The method was applied to several infected abdominal wounds in Sheffield (UK) and St. Louis (USA). The results were sufficiently remarkable to consider further use of the method in patients with wound breakdown *following radical operations for vulva carcinoma."- in "A New Approach to Wound Healing", The Journal of Obstetrics and Gynaecology of the British Commonwealth, November 1970.*

The Clinical Use of Honey

"In the 12 patients who had undergone radical operations for carcinoma of the vulva, all wound infections responded promptly.

Wounds were bacteriologically sterile within 3 to 6 days and remained so until completely united.

Following treatment a clean, healthy, granulating appearance was typical of each wound.

The wounds required a minimum of surgical debridement and **skin grafting was found unnecessary in all of the patients treated.**

Complete healing occurred in all cases within 8 weeks, and **in one patient the wound was healed in 3 weeks.**

There was a tendency for tissues to become dehydrated if too much honey was applied. In this situation the application of saline packs at night rapidly restored the tissues to their healthy state.

The patient's acceptance of the method is excellent once she overcomes her initial surprise at the apparently ridiculous method of treatment.

Following discharge from the hospital patients may easily have the honey applied by a relative or nurse.

With this technique the modal time patients have remained in the hospital has been reduced from 7 to 8 weeks, to 3 to 4 weeks." - in "Obstetric and Gynecologic Survey", June 1971.

Vitamin D Deficiency

"Anticonvulsant use is associated with Vitamin D deficiency." *- in "Suki and Massry's Therapy of Renal Diseases and Related Disorders", 2013.*

"Since 2006, ***Diabetes Type 1, in Finland has plateaued and then decreased after the authorities' decision to fortify dietary milk products with cholecalciferol (vitamin D3). The role of vitamin D in innate and adaptive immunity is critical. Unfortunately, medicine took a very long time to realize that vitamin D is not simply a vitamin that prevents rickets. We know today that vitamin D is a powerful nuclear receptor-activating hormone of critical importance, especially to the immune system. Actions are urgently needed to protect the global population from the threats posed by vitamin D deficiency."*** *- in "The Big Vitamin D Mistake", Journal of preventive medicine and public health, July 2017.*

"Vitamin D deficiency has been linked to a rapidly expanding inventory of ailments - including Heart Disease, Cancer and the Common Cold. *A new discovery demonstrates how the vitamin plays a major role in keeping the body healthy in the first place, by allowing the immune system's T cells to start doing their jobs. In order for T cells to become active members of the body's immune system, they must transition from so-called "naive" T cells into either killer cells or helper cells (which are charged with "remembering" specific invaders). And, if ample vitamin D is not around, the T cells do not make that crucial transition - in "Another reason vitamin D is important: It gets T cells going", Scientific American, 7 March 2010.*

> ***"Scientists have found that vitamin D is crucial to activating our immune defences and that without sufficient intake of the vitamin - the killer cells of the immune system - T cells - will not be able to react to and fight off serious infections in the body. For the research team, identifying the role of vitamin D in the activation of T cells has been a major breakthrough. Scientists have known for a long time that vitamin D is important for calcium absorption and the vitamin has also been implicated in diseases such as cancer and multiple sclerosis, but what we didn't realize is how crucial vitamin D is for actually activating the immune system - which we know now."*** *- in* ***"Vitamin D crucial to activating immune defences",*** *University of Copenhagen,* ***8 March 2010.***

Vitamin D – 1994

Vitamin D Deficiency in Elderly People is a Silent Epidemic

"Vitamin D is absolutely essential for the maintenance of a healthy skeleton throughout our lives.

There is mounting evidence that vitamin D insufficiency and vitamin D deficiency in elderly people is a Silent Epidemic that results in bone loss and fractures.

Seasonal changes, time of day, latitude, aging, sunscreen use, and melanin pigmentation can substantially influence the cutaneous production of vitamin D. It is well recognized that vitamin D is essential for the growth and development of the skeleton in growing children.

It is now becoming better appreciated that vitamin D is absolutely essential for the maintenance of a healthy skeleton throughout our lives.

There is a silent epidemic of vitamin D insufficiency and vitamin D deficiency in elderly people.

Vitamin D deficiency in elderly people causes osteomalacia and exacerbates osteoporosis.

Thus, vitamin D insufficiency and deficiency in elderly people increases their risk for skeletal fractures.

It is casual exposure to sunlight that provides most humans with their vitamin D requirement.

The alarming increased incidence of skin cancer that has been directly related to increased exposure to sunlight has prompted the widespread use of sunscreening agents for preventing the damaging effects of sunlight on the skin.

Elderly people, who have a decreased capacity to produce cholecalciferol in their skin, are more cautious and will topically apply a sunscreen on all sunexposed areas before going outdoors. This can result in vitamin D insufficiency or even vitamin D deficiency.

1,25(0Hl2D, not only regulates calcium metabolism but also has very interesting and curious biologic actions on cells not associated with calcium metabolism.

1,25(0Hl2D, is capable of inhibiting proliferation and inducing terminal differentiation of tumor cells and a variety of other cells, including keratinocytes and monocytes.

At a pharmacologic concentration, 1.25(0HhD, and its biologically active analogs have great potential as new therapeutic agents for regulating hyperproliferative disorders such as cancer and psoriasis.

As we enter into the 21st century, it is likely that 1,25(0HhD., and its active analogs will be further developed for selectively treating a broad spectrum of diseases, including osteoporosis, some leukemias and lymphomas, breast cancer, as well as nonmalignant hyperproliferative disorders such as psoriasis, actinic keratoses, and squamous cell carcinoma." - M. F. Holick, in "McCollum Award Lecture, 1994: Vitamin D - new horizons for the 21st century", The American Journal of Clinical Nutrition, October 1994.

Vitamin D - 2004

Vitamin D An Epidemic in the Developed World

"Vitamin D deficiency/insufficiency is an epidemic in the developed world that has heretofore received insufficient attention from clinicians despite documentation of its prevalence, consequences, and the imperative for daily supplementation at levels above the current inadequate recommendations of 200–600 IU.

Failure to act prudently based on the research now available in favour of vitamin D supplementation appears likely to invite repetition analogous to the previous failure to act on the research supporting the use of folic acid to prevent cardiovascular disease and neural tube defects — a blunder that appears to have resulted in hundreds of thousands of unnecessary cardiovascular deaths and which has contributed to incalculable human suffering related to otherwise unnecessary neural tube defects, cervical dysplasia, cancer, osteoporosis, and mental depression.

Currently, Grant estimates that at least 23,000 and perhaps as many as 47,000 cancer deaths might be prevented each year in America if we employed simple interventions (ie, sunshine or supplementation) to raise vitamin D levels." - in "The Clinical Importance of Vitamin D", Altern. Ther. Health Med., Sep-Oct 2004.

Vitamin D - 2010

Vitamin D Deficiency - An Ignored Epidemic

"Vitamin D deficiency is a Global Health Problem.

With all the medical advances of the century, **vitamin D deficiency is still epidemic.**

Over a billion people worldwide are vitamin D deficient or insufficient.

Yet no international health organization or governmental body has declared a health emergency to warn the public about the urgent need of achieving sufficient vitamin D blood levels.

Vitamin D, also described as "the Sun Vitamin" is a steroid with hormone like activity.

It regulates the functions of over 200 genes and is essential for growth and development.

There are 2 forms of vitamin D, Vitamin D2 (ergocalciferol), and vitamin D3 (cholecalciferol).

Vitamin D status depends on the production of vitamin D3 in the skin under the influence of ultraviolet radiation from sun and vitamin D intake through diet or vitamin D supplements.

Current research indicates vitamin D deficiency plays a role in causing 17 varieties of different cancers as well as heart disease, stroke, autoimmune diseases, birth defects, and periodontal disease." - Professor Dr Zahid Naeem, MBBS, MCPS, DPH, FCPS, in "International Journal of Health Sciences", January 2010.

Vitamin D - 2012

Vitamin D Deficiency: The Silent Epidemic of the Elderly

“Prior to the 1930s, rickets, or severe childhood vitamin D deficiency, was epidemic in the United States and Europe, afflicting an estimated 85% of children in industrial cities.

Recent research has found an extraordinarily high prevalence of vitamin D deficiency afflicting over half of certain elderly populations and an unexpected 30% of healthy young adults in Boston.

Considerable seasonal variation in vitamin D stores (and bone density) exists in people living north of 35oN – (North Carolina) and south of 35oS – (Buenos Aires).

Populations living in these latitudes are more susceptible to vitamin D insufficiency.

Furthermore, an elderly person over the age of 70 produces <30% of the vitamin D of a young person with the same sun exposure.

This, combined with less efficient vitamin D intestinal absorption, makes the elderly shut-in patient particularly susceptible to vitamin D deficiency.

Consequences of vitamin D deficiency include osteomalacia, increased susceptibility to fragility fractures, bone pain, and muscle weakness.” - Dr Alfred Denio, MD in “International Society for Clinical Densitometry”, 17 December 2012.

The Question then arises, knowing all this why did the Medical Trade, the Many so-called “Experts”, the Politicians, the Media in early months of the year 2020, they went along with the coercion of the population in pursue of world wide Lockdowns.

Was the aim to increase the numbers of Flu? That could be put down as Covid-19?

Medical Trade Drugs Impacting on Vitamin D Status

Anti-Epileptic Drugs (AEDs)
Enzyme-Inducing Anti-Epileptic Drugs (EIAEDs)
Newer AEDs
Laxatives
Diabetes Medications
Metformin
Thiazolidinediones
Diuretics
Thiazide Diuretics
Loop Diuretics
Potassium-Sparing Diuretics
Medications Used in Cardiovascular Disease
Calcium Channel Blockers
Angiotensin-Converting Enzyme (ACE) Inhibitors
Statins
Bile Acid Sequestrants
Vitamin K Antagonists
Platelet Aggregation Inhibitors
Digoxin
CNS Medications
Benzodiazepines
Antidepressants
Disorders of Gastric Acid and Ulceration Medications
Proton Pump Inhibitors (PPIs)
Histamine H2-Receptor Antagonists (H2RAs)
Corticosteroids
Bronchodilators
Antimicrobials
Sulphonamides and Urea Derivatives
Lipase Inhibitors
Hydroxychloroquine
Highly Active Antiretroviral Agents
Heparin
Chemotherapeutic Agents
Sunscreens

COVID-19 And Vitamin D

> ***"Recently, there has been a significant number of studies from around the world examining the possible association between vitamin D status and susceptibility to coronavirus disease 2019 (COVID-19) and its consequences. At least 6 systematic review and meta-analysis studies and 2 systematic reviews from around the world have appeared within the past 6 months, with a general consensus that it does appear that a higher vitamin D status is generally associated with a lower susceptibility to COVID-19, and better morbidity and mortality outcomes."*** *- M. A. Wakeman, Clinical Pharmacist, 1Faculty of Health and Wellbeing, Sciences Complex, University of Sunderland, England, in "Literature Review of the Potential Impact of Medication on Vitamin D Status", Risk Manag Health Policy, 14 August 2021.*

The Two Reviews Cited Are:

- Pinzon RT, Pradana AW. Vitamin D deficiency among patients with COVID-19: case series and recent literature review. Trop Med Health. 2020

- Liu N, Sun J, Wang X, Zhang T, Zhao M, Li H. Low vitamin D status is associated with coronavirus disease 2019 outcomes: a systematic review and meta-analysis. Int J Infect Dis. 2021

Chapter 5

Aspartame Toxicity

> ***"One of my new patients went to the Emergency Room. She and the doctors thought she was having Mini Strokes. She was diagnosed with Aspartame Toxicity. This is why I keep nagging everyone I see about artificial sweeteners."*** *- Dr Amy Beard, MD, in "Facebook", 10 May 2022.*

"Aspartame is one of the world's most widely used artificial sweeteners and is an ingredient in more than 5,000 food products globally.

A particularly important use is in low-calorie beverages consumed by children and pregnant women.

The Ramazzini Institute (RI) reported in 2006 and 2007 that **aspartame causes dose-related increases in malignant tumors in multiple organs** in rats and mice.

Increased cancer risk was seen even at low exposure levels approaching the Acceptable Daily Intake (ADI).

Prenatal exposures caused increased malignancies in rodent offspring at lower doses than in adults.

This immunohistochemical and morphological re-evaluation confirmed the original diagnoses of malignancy in 92.3% of cases.

Previous facile dismissals of the carcinogenicity of aspartame can no longer be sustained.

Long experience documents that delay in acting on well-documented evidence of chemical carcinogenesis results in unnecessary disease and preventable death." - in "Aspartame and cancer - new evidence for causation", Environ Health, 12 April 2021.

What is Aspartame?

"Aspartame is present in Diet Coke and Diet Pepsi, Kool Aid, Crystal Light, Tango and other artificially sweetened drinks; sugar-free Jell-O products; Trident, Dentyne and most other brands of sugar-free gum; sugar-free hard candies; low- or no-sugar sweet condiments such as **ketchups and dressings; children's medicines, vitamins and cough drops.**

Aspartame is a synthetic chemical composed of the amino acids phenylalanine and aspartic acid, with a methyl ester.

When consumed, the methyl ester breaks down into methanol, which may be converted into formaldehyde.

Decades of Studies Raise Concerns about Aspartame

Since aspartame was first approved in 1974, both FDA scientists, and independent scientists have raised concerns about possible health effects and shortcomings in the science submitted to the FDA by the manufacturer, G. D. Searle. (Monsanto bought Searle in 1984).

In 1987, UPI published a series of investigative articles by Gregory Gordon reporting on these concerns, including **early studies linking aspartame to health problems**, the poor quality of industry-funded research that led to its approval, and **the revolving-door relationships between FDA officials and the food industry.**

Seizures

"Aspartame appears to exacerbate the amount of EEG spike wave in children with absence seizures", according to a 1992 study in Neurology.

Aspartame "has seizure-promoting activity in animal models that are widely used to identify compounds affecting… seizure incidence," according to a 1987 study in Environmental Health Perspectives.

Neurotoxicity, Brain Damage and Mood Disorders

Aspartame has been linked to behavioural and cognitive problems including learning problems, headache, seizure, migraines, irritable moods, anxiety, depression, and insomnia, wrote the researchers of a 2017 study in Nutritional Neuroscience.

"Individuals with mood disorders are particularly sensitive to this artificial sweetener", according to a 1993 study in the Journal of Biological Psychiatry.

Headaches

"Aspartame, a popular dietetic sweetener, may provoke headache in some susceptible individuals.

Herein, we describe 3 cases of young women with migraine who reported their headaches could be provoked by chewing sugarless gum containing aspartame", according to a 1997 paper in Headache Journal.

A crossover trial comparing aspartame and a placebo published in 1994 in Neurology, "provides evidence that, **among individuals with self-reported headaches after ingestion of aspartame, a subset of this group report more headaches** when tested under controlled conditions.

It appears that some people are particularly susceptible to headaches caused by aspartame."

Kidney Function Decline

Consumption of more than 2 servings a day of artificially sweetened soda "is associated with a 2-fold increased odds for kidney function decline in women", according to a 2011 study in the Clinical Journal of American Society of Nephrology." - in "Aspartame: Decades of Science Point to Serious Health Risks", U.S. Right to Know, 25 March 2022.

The Body Burden

"In a study led by Mount Sinai School of Medicine in New York, in collaboration with the Environmental Working Group and Commonweal, researchers at 2 major laboratories found an average of 91 industrial compounds, pollutants, and other chemicals in the blood and urine of 9 volunteers, with a total of 167 chemicals found in the group.

Scientists refer to this contamination as a person's Body Burden.

Of the 167 chemicals found, 76 cause cancer in humans or animals, 94 are Toxic to the Brain and Nervous System, and 79 cause Birth Defects or Abnormal Development.

The dangers of exposure to these chemicals in combination has never been studied, 80% of all applications to produce a new chemical are approved by the U.S. EPA with no health and safety data; 80% of these are approved in 3 weeks." - in "Environmental Working Group", 2 June 2006.

"A report released today by WWF-UK and The Co-operative Bank reveals for the first time that some British children have higher numbers and levels of certain industrial chemicals than their parents and grandmothers — suggesting all British children are likely to be contaminated with hazardous chemicals.

The results of blood tests for 104 man-made chemicals carried out this summer on 33 people from 7 families in England, Scotland, and Wales are revealed in the report, "Contaminated: the next generation".

Of the chemicals analysed, 80 were detected — children were found to have 75 chemicals in their blood, parents were found to have 75, and grandmothers to have 56.

The survey reveals that children as young as 9 years old are not only contaminated with a cocktail of hazardous man-made chemicals, but can have higher concentrations of certain newer chemicals than older generations." - in "Britain's Toxic Teens", panda.org, 8 October 2004.

"In a study for the Environment Working Group in the

United States 2 major laboratories tested the cord of 10 newborn babies for 413 chemicals.

They found that the blood in the babies' cords contained an average of 200 industrial chemicals and pollutants.

As cord blood reflects what is being carried through the placenta, this shows that man-made chemicals that have entered the women's bodies are being passed directly to the unborn baby.

Altogether 287 chemicals were detected in umbilical cord blood, including 209 of which had never been detected before in cord blood.

180 of these are carcinogenic, 217 are toxic to the brain and nervous system, and 208 cause birth defects or abnormal development in animal tests.

The chemicals found included eight perfluorochemicals used as stain and oil repellents in fast food packaging, clothes and textiles (including the Teflon chemical PFOA) and dozens of widely used flame-retardants." in "Unborn babies pumped full of hazardous man-made chemicals", panda.org, 25 July 2005.

> ***"Asthma, Autism, Attention Deficit, and Hyperactivity Disorders, childhood brain cancer, and acute lymphocytic leukemia, have all increased over the past 30 years. 3 to 5% of babies are born with birth defects (CDC 2004, Jahnke et al. 2005, Trasande and Landrigan 2004)."*** *- in "Human Health Problems on the Rise", Environmental Working Group, 14 July 2005.*

The “Rare Diseases” Farce

For good health, it is important to know, to realise, to understand that there is no such thing as “Rare diseases”.

Those who believe and trust in the Medical Trade are doomed to ill health, and under the false pretence of being “cured” by continuous Medical Trade Medication until the day of their grave.

Death cures all ills, thus the Medical Trade full-fills its promises.

And when all individuals die, the Medical Trade is the ones to fill in the report and performing the autopsy finding the culprit, which is something outside of the Medical Trade perhaps a “gene” or a “virus”, never ever their poisonous products Poisonous (to the Blood, thus to all systems of the body) Pharmaceutical Drugs, Toxic Vaccines for imaginary “virus”, etc...

These so-called “Rare Diseases”, are the new money maker label for the Medical Trade.

The more vaccines and medical trade intervention along with bad nutrition the more of these so called rare diseases will tend to appear

The so called rare diseases are neither rare nor bad genes, they the result of environmental and medical trade interventions including the heavy burden of toxicity delivered by industrial medical trade needles vaccinations, all for profit.

Genetic and Rare Diseases (GARD) Information Center (USA) - 2002

"Established by the Rare Diseases Act of 2002, the Genetic and Rare Diseases (GARD) Information Center is a public health resource that aims to support people living with a rare disease and their families with free access to reliable, easy to understand information, in English and Spanish.

There is no advertising on this website, and GARD does not endorse or promote any companies, products, or services.

GARD is managed by the National Center for Advancing Translational Sciences (NCATS), a part of the National Institutes of Health (NIH) and the Federal government agency responsible for biomedical research.

By advancing access to research information for rare diseases, GARD is using Translational Science to improve the research process to get more treatments to more people more quickly.

What is a rare disease?

The Orphan Drug Act defines a rare disease as a disease or condition that impacts less than 200,000 people in the U.S.

Other countries may have their own official definitions of a rare disease. For example, the European Union defines a disease as rare when it affects less than 1 in 2,000 people.

There are about 7,000 known rare diseases and collectively, about 1 in 10 people (or 30 million people) in the U.S. have a rare disease.

Which rare diseases are found on GARD?

The information provided on this website reflects GARD's role as a public health resource. Not all rare diseases are represented by a disease page, particularly if other information sources exist.

For example, the CDC maintains public health information for rare infectious diseases.

GARD utilizes selection criteria to decide which rare diseases are included on the website.

These criteria are based on the availability of published and curated research information.

They are not policy statements of NCATS or the NIH and are not regulatory statements of the FDA.

Learn more about Rare Diseases at FDA." - in "Genetic and Rare Diseases (GARD) Information Center", NIH.GOV, 30 July 2022.

The UK National Plan for Rare Diseases– 2008

"Rare Disease UK is an alliance of key stakeholders brought together to develop a National Plan for Rare Diseases in the UK.

It is a joint initiative of the Genetic Interest Group (the UK alliance of patient organisations with a membership of over 130 charities which support children, families and individuals affected by genetic disorders) and others in response to unmet health care needs of hundreds and thousands of families who currently struggle to get access to integrated care and support from the NHS.

This initiative will build upon foundations built by the European Commission with their communication on rare diseases stressing the importance of strengthening research programmes into rare disease, encouraging the development of national rare disease policies, and developing and sharing common policy guidelines such as access to good quality information.

Rare Disease UK is supported by an unrestricted educational grant from the ABPI Orphan Diseases Industry Group and Genzyme Ltd." - in "Rare Disease UK", 11 November 2008.

"European Commission announces **strategy to help 3.5 Million patients in the UK.** Rare Disease UK welcomes the European Commission's Communication which was adopted today and sets out an EU wide strategy to help support Member States in **diagnosing, treating and caring for the 36 Million EU patients with rare diseases.**

Alastair Kent, Director of the Genetic Interest Group a founder organisation of Rare Disease UK commented:

> ***"This is a landmark development for the profile of rare diseases in Europe, the UK*** *and member countries. We look forward to working with* ***Rare Disease UK and their stakeholders from research,*** *the patient community,* ***industry,*** *the health service and government to deliver meaningful change".*

- in "Rare Disease UK", 11 November 2008.

Rare Disease UK Members - 2009

"NHS plan for rare diseases must be a priority for government Campaign group launched on Rare Disease Day 2009.

A coalition of patient charities, medical professionals and **industry representatives have called on Department of Health Ministers to move forward with EU proposals to develop a national plan for the treatment of rare diseases.**

Rare Disease UK is formally launched today on Rare Disease Day 2009 in the House of Commons." - in "Rare Disease UK", 25 February 2009.

> ***"Rare Disease UK already has over 120 registered members including Academics, Clinicians, Industry,*** *Individual members and Patient Organisations." - in "Rare Disease UK", 25 April 2009.*

> *"**Rare Disease UK, the national alliance of** patient charities, **medical professionals and industry representatives,** has welcomed the adoption yesterday by EU Health Ministers of a Council Recommendation that calls on Member States to develop and implement plans or strategies for the treatment of rare diseases." - in "Patients, clinicians and industry welcome EU Health Ministers' move to tackle rare diseases", Rare Disease UK, 10 June 2009.*

"We work with our supporters to raise the profile of rare diseases across the UK. We seek to bring about lasting change offering better health and quality of life for individuals and families affected by rare diseases.

Rare Disease UK is focused on making sure the new UK Rare Diseases Framework is as successful as possible, and to ensure that patients and families living with rare conditions have equitable access to high quality services, treatment and support.

Rare Disease UK is a campaign run by Genetic Alliance UK, the national charity of over 200 patient organisations, supporting all those affected by genetic conditions.

What We Do

Since June 2009, we have campaigned for the development and implementation of an effective strategy for rare diseases in the UK.

The UK Strategy for Rare Diseases was published in 2013.

Rare Disease UK has over 3,400 registered supporters including academics, clinicians, **industry**, individual members and patient organisations." - in "Rare Disease UK", 30 July 2022.

Extensive Limb Swelling

"Extensive Limb Swelling (ELS) has been reported after vaccination with a limited number of vaccine types.

We sought to describe vaccine types involved in and the clinical characteristics of ELS cases reported to the Vaccine Adverse Event Reporting System (VAERS). **A case of ELS was defined as any report of Edema extending at least to the elbow or knee of a vaccinated extremity. 497 cases were identified, with some describing swelling from the shoulder to the hand or the hip to the foot.** Patient age ranged from 0.1 to 91 years. The proportion of reports of ELS associated with a given vaccine, among all VAERS reports received for that vaccine, varied substantially among vaccines. **Most reactions began within 1 day after vaccination and involved other signs of inflammation. Postvaccination ELS can involve both the proximal and distal segments of the extremity, affects all age groups, and occurs after vaccination with a broad range of vaccines.**

VAERS is a national surveillance system and annually **receives >14,000 reports of possible adverse events.**

Reports are submitted by vaccinators, health care providers, vaccinees, manufacturers, and others.

As part of follow-up for deaths and other serious reports." - in "Extensive Limb Swelling after Immunization: Reports to the Vaccine Adverse Event Reporting System", Clinical Infectious Diseases, 1 August 2003.

> ***"Extensive limb swelling is defined as Edema extending at least to the elbow or knee in a vaccinated limb.*** *In a 13-year review of reports to the Vaccine Adverse Events Reporting System (VAERS), 418 cases of extensive limb swelling were identified.* ***A broad range of vaccines have been implicated, with those most frequently cited being the PCV, DTaP, and adult tetanus and diphtheria toxoids (Td) Vaccines."*** *- in "Vaccination-Related Complaints and Side Effects", Pediatric Emergency Medicine, 2008.*

> ***"Extensive limb swelling is known after booster doses of diphtheria–tetanus–acellular pertussis vaccines and occurs in 2% of children after the fourth diphtheria–tetanus–acellular pertussis vaccine dose."*** *- in "Extensive Limb Swelling after Vaccination", The Journal of Pediatrics, 11 February 2011.*

> ***"Vaccinations may increase the risk of Lymphoedema, regardless of whether or not the injection is performed on the 'at risk' side.*** *In the future it may be necessary for vaccine product information to include a reminder to* ***warn patients of the risk of lymphoedema."*** *- in "Vaccines and risk of Lymphoedema a case report of a breast cancer patient", Australian Family Physician, 6 June 2012.*

"SARS-CoV-2 vaccine roll-out has been successful in the UK and other parts of the world; however, **there are increasing concerns about adverse events.**

A 44-year-old woman presented to a UK hospital with left upper arm pain at the vaccine site a couple of days after receiving the Pfizer-BioNTech mRNA vaccine, which progressed to Fever, Diarrhoea and Abdominal Pain over the next few days. She had an Erythematous Rash on the chest with Subcutaneous Oedema.

Being aware of the higher prevalence of Multisystem Inflammatory Syndrome (MIS) in children than adults, it remains to be seen whether SARS-CoV-2 vaccination in children would pose a greater risk of MIS-V.

MIS is widely reported in children but less common in adults. **We report the first known case of MIS-V due to a SARS-CoV-2 mRNA vaccine.**

We emphasise this case to raise awareness that a SARS-CoV-2 vaccine can cause MIS." - in "Multisystem inflammatory syndrome in an adult following the SARS-CoV-2 vaccine (MIS-V)", BMJ Case Reports , 29 July 2021.

"Complications from COVID-19 vaccines have yet to be sufficiently analyzed because they are rapidly approved without long-term data. In particular, **there are no case reports of Lymphedema in a healthy patient following vaccination.** Patients who have been vaccinated against COVID-19 can present with swollen legs without any specific cause.

If their legs swell without any specific cause, the possibility of deep vein thrombosis should first be considered. However, in the absence of abnormal findings on ultrasonography, transient lymphedema due to dysfunction of the lymphatic system can be considered." - in "Transient lower extremity lymphedema following COVID-19 vaccination", Medicine, 3 December 2021.

"A 19-month-old boy comes to the office with a large firm erythematous swelling of his anterior left thigh that reaches from just below the inguinal crease to the patella.

He got his routine immunizations 2 days prior to this visit including the 4th DtaP dose in his left thigh [diphtheria, tetanus, and whooping cough (pertussis)].

Clinicians who care for children and who give routine immunizations occasionally see such an Adverse Effect Following Immunization (AEFI). These large local reactions have been described for many decades and occur after many vaccines." - in "Extensive limb swelling after vaccines – including SARS-CoV-2 vaccine", MD Edge, 17 June 2021.

"The Pfizer/BioNTech vaccine (Comirnaty) is a COVID-19-mRNA-vaccine (nucleoside modified). It is indicated for active immunisation to prevent COVID-19 caused by SARS-CoV-2 virus, in individuals 16 years of age and older.

After vaccination it is possible to develop swelling and/or erythema of the injection site. In some cases this swelling and/or erythema spreads beyond the shoulder, elbow, knee or hip." - in "Extensive swelling of the vaccinated limb (ELS) and administration of the Pfizer/BioNTech vaccine (Comirnaty)", 17 March 2021.

"We report on the development of Minimal Change Disease (MCD) with Nephrotic Syndrome, and Acute Kidney Injury (AKI), shortly after first injection of the BNT162b2 COVID-19 vaccine (Pfizer-BioNTech).

Physical examination revealed pitting Edema in the lower extremities, palms of hands, abdominal wall, and penis.

The abdomen was distended [swollen, bloated]." - in "Minimal Change Disease Following the Pfizer-BioNTech COVID-19 Vaccine", American Journal Kidney Disease, 8 April 2021.

> ***"Following the announcement of a possible link between the AstraZeneca vaccine and rare blood clots, the European Medicines Agency (EMA) is now investigating whether the vaccine is linked to a second very rare Blood Disorder: Systemic Capillary Leak Syndrome (SCLS)."*** *- in " What is capillary leak syndrome and is it linked to the AstraZeneca vaccine?", The Conversation, 14 April 2021.*

Chapter 6

Influenza Disease

"What is disease?

For want of a better definition, we would say, disease is any departure from the normal.

Now this epidemic of influenza has puzzled the medical profession on account of its erratic course.

Starting with a coryza, marching to bronchitis and ending with the life of the victim, as a pneumonia.

The majority of the profession today are so obsessed with the theory of the origin of disease being due primarily to germs, that their vision and diagnostic ability to properly understand, and hence to treat successfully an epidemic like influenza is obscured.

We have been acquainted with, and written of this complaint for the past 37 years.

That germs are associated with, and have marked influence over most diseases, cannot for one moment be doubted.

The tubercular bacillus which, according to Koch's reasoning, being the primary cause of tuberculosis, is found, in advanced stages of this disease, to be less in evidence than the streptococcus and the staphylococcus.

Also to be in evidence in the greatest abundance where there is tissue degeneration and pus formation.

One thing must be borne in mind when attributing to germs the initiative role in disease, that these lowest of all forms of life are not stable in form or physiological activity.

We quote from Prof. Ferdinand Huppe:

> *"One of the greatest services that Koch has rendered to bacteriology is his methods of pure culture, by means of which such isolated colonies, originating from a single germ, can be*

> *cultivated at will and obtained free from any mixture with germs of other kinds. Such pure cultures, reared under perfectly similar conditions, always agree in form and physiological action at any given stage. But this is not real constancy. The similarity does not depend upon the invariability of the bacteria, but upon the fact that the conditions of life suffer no alteration. Individuals, as well as their Zoolae or colonies, always adapt themselves to the "milieu." Cholera cultures are virulent when young, first becoming impotent through access of air."*

Buchner proved that the Anthrax bacilli can be modified by culture so they are no longer able to produce disease.

Again-the comparatively harmless Smegna bacillus, by culture, becomes the deadly Anthrax.

The Tubercular bacilli are found in the cord of the new-born infant, but are innocent of the disease tuberculosis.

Hence we conclude, if germs initiate disease, the same forms are capable of producing different phases, requiring different names.

To illustrate-Influenza, when located in the nose, is a coryza; when located in the bronchi, is bronchitis; when it reaches the lobules of the lung, it becomes pneumonia.

Hence, our conception of an epidemic is as follows, viz.: **It is the internal condition of a patient, his organs, tissues or cells, that determines the nature of the disease caused by infection.**

The intrinsic predisposition is the true and sufficient cause of the invasion.

We believe that **pathogenic bacteria must be carefully studied, in relation to their environment and the adaptability to produce certain phases of disease**, if we do not wish to embrace ideas in respect to specific germs, which have the merit of being convenient, **but which time may prove wide of the truth.**

With regard to the **epidemic influenza germs, for there may be more than one kind**, they may be the initial invading cause.

We claim, that wherever a predisposition exists on the part of certain tissues, we find a number of microbes that can call forth inflammation and suppuration.

In inflammation of the valves of the heart there are found, under various circumstances, staphylococci, streptococci, or gonococci, and typhoid, pneumonia or tubercle bacilli.

The same thing is true in certain inflammations of the joints and serous membranes.

Then why not treat influenza according to the tissues involved and morbid conditions present.

We will find the constancy of external conditions to which bacteria must adjust themselves above the uniformity of the effect produced.

Bacteria depend, for their provision of food and energy, upon the conditions of their nutrition.

They are subject to the processes of evolution and variation and death.

The writer has known of influenza since 1848, when our father died of this disease and its complications.

Our practical knowledge dates from the date of our graduation from the medical school of Columbia University, New York.

We were able to aid Dr J. H. Douglas, MD, American Medical Journal.

Also Dr J. H. Salisbury, Dr J. Marion Sims, Dr Ephriam Cutter, and others by means of our pencil.

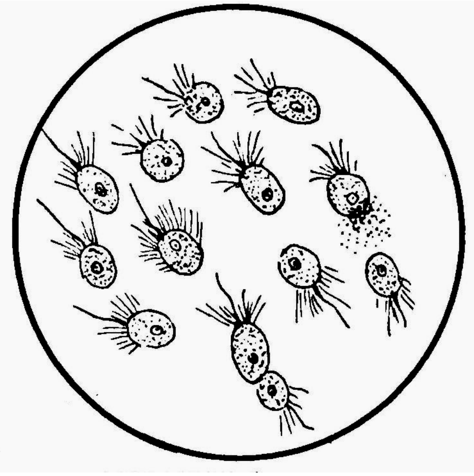
Dr Salisbury called our attention to a micro-organism associated with influenza.

The name of this organism was Asthmatus Cillarius.

Kent, in his work on Rhizopoda, admits it as one of the protozoa.

We have found, by means of the microscope, this organism in many well defined cases of influenza, especially in the watery discharge from the eyes and nose.

However, in very many cases it is not to be found.



Ashmatus Cillarius

Some of these forms are ovoid - some round.

They have a sort of probasis which together with the cillia are continually waving. The bodies proper have a rocking motion.

They reproduce both by spores and fission. - A. T. Cuzner Del.

As to the treatment of this disease. While not ignoring the germ origin of this disease, we treat it according to its location and symptoms. During the prevailing epidemic, a patient presented him- or herself with a coryza and a sore throat, **we inquired first as to the condition of the bowels and liver.** If a cathartic was needed, and almost every case did, we administered calomel and podophyllin. **Locally we applied a snuff composed of benzoate of soda and menthol. We also sprayed the nostrils and throat with a preparation of benzoate of soda, menthol, oil of eucalyptus and oil of cinnamon.** If fever was present we gave defervescent compound of veratrine. We have been fortunate, that in the **very many cases we have treated during this epidemic, that we have had no complications, such as pneumonia, and have had no deaths to our debit. Let us treat disease for what it is by its indications and ignore names and microbes."** - Dr A. T. Cuzner, MD, in "The Western Medical Times", September 1919.

Rosenow's Vaccine Against Influenza

"Dr E. C. Rosenow, of the Mayo Foundation, Rochester, Minnesota, has reported very remarkable results with a vaccine consisting of the influenza baccillus, several types of the pneumococcus, streptococcus hemolyticus, and the staphylococcus.

Using this vaccine, he was able practically to stamp out the epidemic in the city of Rochester.

The city of Chicago and the state of Illinois, through their health commissioners, after hearing Doctor Rosenow report, adopted this vaccine for prophylactic purposes and employed it on a very large scale.

It is claimed that the results were very satisfactory.

The Rosenow vaccine is now being largely employed in all parts of the country. It possesses the great advantage of giving a large degree of protection against the complications of influenza, i.e., lobar pneumonia and bronchopneumonia, which are mainly responsible for the high death rate." - in "The Western Medical Times", March 1919.

"I propose to say a few words about the treatment of inflammatory conditions in the upper air passages by vaccines. During the greater part of the past 5 years I have set aside one day in each week at St. Bartholomew's Hospital for these cases, and Dr Gordon alone has made more than 200 autogenous vaccines for my patients.

Care has been observed in the selection of cases, and the after-history has also been recorded in most of them.

It has been found that some people are very susceptible, and that reactions, both local and general, were much more frequent than is generally supposed. In many instances it has been necessary to continue treatment for long periods with gradually increasing intervals, because ***the duration of immunity varies greatly in different individuals.***

> *For instance,* ***one person may be cured of colds with a few doses and remain immune for years; another may need treatment to be repeated every winter; rarely a good result is obtained after a long course lasting one to 2 years.***
> ***We have also discovered,*** *first, that* ***better results can be obtained in some diseases than others,*** *and secondly,* ***that vaccines of different organisms have a variable curative effect."*** *- Dr Douglas Harmer, MD, in "Proceedings", Royal Society of Medicine, 1914.*

Profiteering Influenza Epidemic
The "Spanish Influenza"

"I see no reason to term same Spanish Influenza, as it does not characterize or distinguish the symptom and cause of the disease in its present epidemic aspect.

Some writers claim German influenza would be a more appropriate term, but as the medical profession has not as yet accepted the interesting researches of Captains T. R. Little, C. J. Garafolo and P. A. Willisms, of the Canadian Mobile Bacteriological Laboratory, attached to the British base hospitals in regard to the specific microbe claimed to have been definitely isolated and unique clinical symptoms claimed to have been noticed, we must seek another term for the present form of the disease which has only unusual death rate and aggravated clinical symptoms.

The last great epidemic of influenza lasted 3 years, from 1889 to 1892.

It spread like wildfire over the civilized world.

It was then that several American bacteriologists at work simultaneously with Pfeiffer discovered the influenza baccillus, so in regard to rapidity of travel this present epidemic does not differ from the last, and for that matter is characteristic of influenza in all times.

Therefore, **as the bacillus and symptoms are the same, only differing in intensity of symptoms and death rate, if we are to distinguish this epidemic from others, it must be by some term which will represent the social condition which had lowered public vitality.**

For this reason, I have chosen the term Profiteering Influenza.

I am aware in doing so I will engender the hatred of a certain class of people who studiously avoid reference to poverty and ignore the fact that **disease bears an almost definite ratio to poverty.**

In taking this view, **I am in opposition to that of Wm. Hayes Fisher in regard to malnutrition**, although in accord in other respects.

> ***"Bacterial investigations show that the present outbreak of influenza does not differ from other epidemics of the same malady,*** *the higher mortality rate being due to secondary infection, he said in the British House, 29 October 1918.*
> *While the rise in death rate is considerable, it is not as great here as in Vienna, Paris and other places."*

My opinion, is based upon 75 cases with 2 deaths which I have treated and the social conditions existing in my section of the country.

These cases showed an intensely congestive type, as evinced by the frequency of hemorrhages from nose, etc., and frequent tendency toward congestion of the lungs.

Middle ear trouble was greatly aggravated by the natural humidity of this section and the predisposition to catarrhal conditions due to excessive moisture in this section were very manifest.

There were 121,812 influenza victims handled in the gulf states by the Red Cross, according to a partial report of the chapters in Louisiana, Mississippi and Alabama received by headquarters here, 31 October 1918.

21 of the 60 chapters in Louisiana are included in the report either that the epidemic is under control or that conditions are improving.

Louisiana chapters report 27,623 cases, of which 219 died.
Mississippi shows 49,603, and 623 deaths.
Alabama reported 31,255, and 519 deaths.

What then is the cause of this unusual death rate?

Malnutrition, poor housing, overwork, unsanitary environment, etc., are the causes.

Look at the record of the Elks alone in the present crisis in New Orleans: Since the start of the epidemic the number of visits made by the physicians have been over the 12,000 mark.

Almost 14,000 prescriptions have been filled and great amounts of nourishment have been distributed.

Do not forget that the numerous eleemosionary institutions and other fraternal orders are doing their share also in meeting the situation, and remember that **influenza affects those of the ages of active business life most frequently."** - Dr Geo. H. Tichenor, Jr., AB, MD, in "The Western Medical Times", June 1919.

The Flu

"If one were to piece together and to formulate all the various opinions and guesses at opinions about the disease termed "The Flu", his final statement would be something like this.

The general practitioner and his treatment must be belittled and made of no account, for many general practitioners are making good in the prevailing epidemic and eventually a sound plan of procedure will become established.

Therefore, the public must be taught that the services of the general practitioner are valueless, and the practitioner himself must be impressed with the utter hopelessness of

the situation, lest he look out.

It is well known that where no hope is, there is no endeavour.

If this be but a superficial reading of the times, or if it be a correct reading, is a matter of small moment, for the figures we have of gloom and protest that enter from college or laboratory will turn into spray when they meet the rock of experience, as exemplified by the man who is versed in the art of minor surgery and who is working in some mining camp or in the small, but well equipped hospital of some industry.

A letter from such a man states:

> *"You told me to shut the patient's mouth, to open his sphincters and to lock up all my coal-liars."*
>
> *"Our men have a big value for they are producers and I want to get these points into print at once, for they have been worth more to our sick workers than the combined 'torkee, torkee' of the 8 medical journals that come to me."*

Surgeon does is to make up his mind that whatever the Influenza is, it is not Lobar Pneumonia, or any other disease name, it is a thing he knows well, only he calls it Sepsis or Toxemia.

It, is a poisoning and the pathology is as varied as is that of any other poison.

Carbonic Acid Poisoning is not corrosion, nor is Puerperal Eclampsia, Bright's disease, or even albuminuria, even though carbonic will erode and the toxins may destroy the kidney.

The surgeon knows Toxemia and it follows as a matter of course that the surgeon considers breathing through an open mouth as much on the same plan as a sanitarian regards a well in a cemetery.

Or, in other words, he knows that the patient is Toxated.

The patient's mouth is foully contaminated and the inspired air is passing through a cesspool.

When accompanied by pyrexia the local effect of mouth breathing is an inspissation or drying of the natural secretion of pharyngeal and other mucous membranes, and this imitates, to a certain extent, the artificial production of coughing and vomiting by means of a finger, when purposely inserted.

The cough caused by the open mouth is very fatiguing, because it is so very constant.

Vomiting may, or may not, be severe, but prolonged nausea and stinking sweat are not at all rare.

For the change from discomfort, misery and increasing intoxation is evident to all parties concerned, including the doctor and patient. On the contrary, **if in a septic case the mouth is left open, it may well be said that all treatment is useless,** for the outlook is grave and is fast becoming hopeless. Any reader may become expert at freeing a stuffy nostril, through practice upon himself, employing for the purpose a cotton-wrapped and vaseline-coated probe. **A vaselined swab that is passed through the entire nostril and left in place for 10 minutes will usually accomplish all that is required to relieve the most annoying symptoms, such as headache, hiccough, cough, etc.**

In other words, since we are dealing with a Toxemia that spends much of its force upon the brain or its membranes, against the respiratory organs and within the alimentary canal, when we have shut the mouth and freed the nostril, we have, by that very act, put the cerebral, circulation, together with the intake of the respiratory end of the digestive systems into a closer approach to the normal.

Perhaps the reader might do well to think that statement over and judge for himself if he can discover and reason for its non-mention and for its non-observance.

A surgeon would know at a glance that a given patient was suffering from acute gastric dilatation, or from paralytic ileus, or from both combined, for he has met those conditions only too often, as post-operative complications.

And it has proven very fortunate indeed, when a surgeon, quite by accident, has seen such a case or has been told by the medical attendant that a certain patient is awful sick, yet no consolidation was to be found and there were present only spots of rather doubtful pneumonia or pulmonary edema.

That attendant is often very much surprised to find that the previously unnoted abdomen was enlarged and tense, that there was a paralytic ileus, with death less than 48 hours away.

Nay more, the first examination of the rectum that is made may show that the sphincters will barely admit the passage of an article the size of an ordinary lead pencil, or some other condition equally serious, but one which a surgeon would never have allowed **to continue with the discovery of the slightest effort being made to rectify some matter that must terminate fatally, through excess of Toxemia.**

Paralytic ileus need not necessarily follow operative measures; it may follow any sort of toxemia of sepsis, for there are many surgeons who know that at the touch of pus or other septic material, the ileum will quit as though dead.

Nor does ileus seem rare in the present so-called influenza epidemic. It is usually not discovered, that is all.

Why not then begin the treatment of a case of influenza by means of the use of post-operative precautions.

The hourly 1/10 grain of calomel, the alum enema and the rectal tube.

Perhaps a summary of the matter would be contained in the question:

"Is the mouth open, is the nostril free and is the rectum right?"

If not, it should be made so. Otherwise we cannot hope to have any structure right, if it lie between the mouth and the rectum, because the whole machinery of head, thorax and abdomen is more or less crippled; it is only the degree of crippling that may be called in question.

One could hardly imagine the report of a sanitary engineer that stated that an aqeduct was all right and its contents were all right, it was its intake and its outflow that were contaminated.

Why should one be asked to imagine a doctor who wasted his time looking for a pulmonary consolidation to explain a toxemia that was so evidently coming from a digestive tract, both ends of which tract were damaged machinery and its lumin contents were fairly rotted, because of a palsied contraction and its accompanying;, though undiscovered, stasis.

A stasis that prolonged massage might easily have removed, or which might have been arrested by such simple means as packing the rectum with a vaselene-soaked gauze strip.

The minor surgery involved in a proper and timely use of a nasal applicator or a rectal gauze packer covers 2 valuable expedients that would probably not occur to the mind of most practitioners, not to a lung specialist, but the man who carries and uses those articles will be much pleased with the results obtained, for the use of the aforesaid instruments may not be indispensable or may not be indicated, but if that use is indicated, the equipment will be found as valuable as it is indispensable." - Dr Douglas H. Stewart, MD, FACS, in "The Value of the "No Good" — Minor Surgery and Influenza", The Western Medical Times, February 1919.

How Dependent Are Pulmonary Disorders Upon Abdominal Viscera

"In perusing your Journal of July, I was much gratified by observing that so eminent a practitioner as Dr Kinglake has at length called the attention of the medical profession to **the similarity which exists between Phthisis Pulmonalis and Chronic Hepatitis.**

I shall relate 2 cases, out of many which have fallen under my notice, in which **the pulmonary affection appeared to be connected with a disordered state of the abdominal viscera in general, and of the hepatic system in particular.**

It perhaps may be said that this was a case of Tabes Mesenterica (Tuberculosis of the mesenteric and retroperitoneal lymph nodes): I grant it might be, and I relate it merely **to show how dependent the Pulmonary Disorder was upon that of the Abdominal Viscera.**

In many similar cases which occurred subsequently, **I directed my sole attention to the state of the bowels, and invariably found the pulmonary affection to subside in proportion as the digestive organs resumed their proper functions.**

The pulmonary affection was entirely a secondary disease.

The cases mentioned by Dr Kinglake are considered by him to have been cases of chronic hepatitis mistaken for phthisis (pulmonary tuberculosis); and this opinion is entertained because the pulmonary affection ceased as soon as the hepatic disorder was subdued.

Phthisis in my opinion, this disease may be, and is frequently induced by disorder of the abdominal viscera.

Mere disorder of the abdominal viscera is capable of inducing disease of the lungs.

From a careful observation of these organs, we have been led to adopt a rational treatment, and, in some measure, to prevent the frequent occurrence of Hydrocephalus: from the same source, I trust, experience will derive the cheering hope of being able to lessen the ravages of phthisis.

It at least behoves every practitioner, when called to a case of supposed phthisis, to inquire whether there has been, or still exists, any disorder of the abdominal viscera.

To correct their morbid actions should be his first care; by so doing, he will at at times alleviate the sufferings of the patient, and not unfrequently rescue him from death.”
- in “Analogy of Chronic Hepatitis and Phthisis Pulmonalis”, London Medical and Physical Journal, August 1817.

Influenza

"Laying aside the name of the present epidemic, which to my mind partakes of many of the symptoms mentioned in the text-books as Typhus Fever, in which the symptoms or forms may be grossly enumerated as Meningeal, Laryngeal, Bronchial and Lienteric.

I would suggest to the doubter, that he examine the abdominal wall, and especially along the course of the colon, and here you will determine peritoneal inflammation as elicited by a crepitant feeling under the fingers.

You will not find the large gurgling sensation which you usually get in Typhilitis, though the sensation imparted to the hand is similar.

Examine for eruptions upon the chest and abdomen, either front or back, and about the 3rd to 5th day you will find measly or petechial eruptions.In almost every case you will find this crepitant feeling to the hand, as well as abdominal tenderness.

Also examine the stool for membrane which you will determine in the moribund cases, and you will relieve your mind that all the trouble is not caused by pneumonic conditions. Broadly I want to say that this epidemic disease, call it by whatever name you will, is amenable to cure through the use of sodium hyposulphite, just the same as the Dakin-Carrel system of antisepsis is brought about through sodium hypochlorite. Furthermore, the cure of these cases is brought about quickly, thus preventing any of the so-called complications.

I have consistently proven to myself that a solution of "hypo" made up of a tablespoonful to the quart of hot water, and used as an enema, given but twice a day, will reduce the temperature of these cases, even in those considered moribund, having hemorrhagic extravazations into the subdermal tissues, at least 1 degree a day.

If the solution is used too strong, it produces a mucus-like coating in the bowels which defeats its purpose to some extent.

If this happens, then wash out the bowels with clear hot water, and use the "hypo" in the proper solution.

The solution having been thrown into the bowel, should remain for about 10 to 20 minutes.

To remain in the bowel for a longer period does not increase its efficiency.

It is better if you have good assistance to increase the number of enemae per day.

The abdomen be gently kneeded while the solution of "hypo" is in the bowel, and the patient must be resting upon his right side, so that the solution shall pass clear to the Ileocecal valve. **This epidemic disease while not confined to the large bowel, is best handled by the above method, regardless of the form.**

By the use of the above prescription with the enemae, the entire alimentary tract is bathed in the best antiseptic which can be used.

The solution per orem, will act very nicely upon the cough. I am satisfied that if the "hypo" solution is used as here recommended, that this drug will act with greater benefit upon this disease than the Dakin-Carrel solution acts upon septic wounds. If the "hypo" solution can be used to flush the bowels every hour, as in the Dakin-Carrel method of flushing foul wounds, the coure will be greatly enhanced.

Try this method, and I am sure that you will find the results very pleasing, and I believe startling.

Be sure that all patients are kept upon a liquid diet until the temperature is normal. **You cannot go wrong on this method if you but add it to the measures which you are adopting."** - Dr W.E. Bremser, MD in "The Western Medical Times", February 1919.

High Morbidity from Pneumonia

"The prediction has been made that there will be among the civilian population for many months to come a high morbidity from pneumonia as an aftermath of the recent virulent and debilitating epidemic of influenza.

In anticipation of such a possibility, physicians will have their attention focused on ways and means of successfully combating the disease.

For this reason, the studies of Dr E. C. Rosenow of the Mayo Foundation on the protective power of partially autolyzed pneumococci (pneumococci treated in such a way that a large part of toxic substance is removed) against pneumococcus infections, will be of interest.

The results obtained by Dr Rosenow and his co-workers with the antigen in the treatment of over 200 cases of lobar pneumonia, apparently indicate that it exerts a definite beneficial action on the course of the disease, especially when given early, and strongly suggest the advisability and desirability of giving it a more extensive trial in order that conclusive evidence may be accumulated with respect to its efficacy.

Eli Lilly & Company with its usual acumen with respect to the needs and specifications of physicians have made this antigen possible by adding it to their biological list, under the name of Pneumococcus Antigen.

It is marketed in 5 c.c. ampoule vials, each c. c. containing 20 billion partially autolyzed pneumococci." - in "The Western Medical Times", March 1919.

We Said They Would & They Are!

"During last September or October, perhaps earlier, when the epidemic of influenza was in its beginning, if influenza it really be, certain men, supposed to be authorities, in certain journals, supposed to be authoritative, told us to meet the symptoms and to exhibit aspirin, other salicylates, or the coal tars of one sort or another for the pain and fever; and for the cough to give some form of opiate.

Little or no attention was given to the cause.

In fact, that cause was not known, exactly.

It was the effect that we were told to treat.

Some of us followed such instructions and we proceeded to have patients with Pneumonia, therefore, our mortality percentages began rolling up to an alarming extent.

Then some few of us concluded that those authorities and those journals were all wrong, so that there was nothing logical in any such methods as had been suggested by them.

In spite of the fact that some physicians would not admit a state of Toxemia and some denied a like state of septicemia, coupled with what was probably an acidosis — for you know those authorities and journals would admit acidosis only in connection with diabetes — a few of us believed that we saw Toxemia, septicemia and an acidosis in connection with influenza.

We also believed that the depressants were not indicated and that anything which interfered, even in the least, with elimination was rather worse than the depressants.

If there were a choice where all were contra-indicated and distinctly baneful.

Some few of us, within 1 month, or 2 after the epidemic became apparent in this country, completely changed our methods of treatment.

We began ignoring the symptoms, other than as signboards which would direct us, and made an attempt to

remove the cause, whatever that might be, for we did not have time to discover what it was.

We knew that, in other infections, it has been our policy to remove the cause.

We also knew that in the majority of infections there was a leeching of the alkalis from the system and we concluded that something like that was the condition in the so-called influenza.

We began absolutely crowding eliminating alkalis into our patients and we saw a change in the condition of things.

Our patients showed early recovery, without appearance of Pneumonia, and that no matter how intense the Toxemia might have been in the beginning.

We had an idea that **those patients showed a complete recovery, we have been watching them since their illness and in the practice of several of us there has not been a single case of nephritis, or of lung, or of heart sequels!**

But we were openly called damn fools and worse.

We were told that our methods were next to worthless, and all because we appeared to forget that our patients had fever, pain and a myriad of other symptoms, none of which we made any seeming endeavour to relieve.

Another accusation was, that we did not know influenza when we saw it and were calling every condition by that name and claiming credit which was not ours — that it was an impossibility for any physician to treat any number of cases without having a very considerable mortality to his debit. But we believed we were working upon a firm foundation and we continued, without any deviation, to build as we had begun, firmly.

And still we were called fools, for those authorities and authoritative journals continued preaching the depressant and eliminating-locking methods, and they were talkers and writers not to be questioned, you know.

But now, a year later, we are listening to very different stories.

Those selfsame authorities and authoritative journals have absolutely about faced — perhaps to save their faces

— and are claiming, with quite an amount of originality for themselves, that elimination and the alkaline treatment is the only method to pursue.

They do not yet, however, admit that they were almost if not completely wrong in the beginning.

Nor do they take any cognizance of the fact that, had not the bad treatment recommended by them been employed, perhaps there would have been fewer pneumonias.

Nor do they admit that many of the death certificates were the outcome of that so-called scheme of treatment, even though, in all probability, such was the case.

They do not admit that they were in the least mistaken, but are now busily engaged in claiming practically all of the credit for the institution of the alkaline, eliminative treatment.

Perhaps they have to do this to save their skins.

Some of those who dubbed us fools, or worse, are turning toward the alkalis and eliminants and endeavoring to let it be known that such was their idea all the while, though they had to follow the recommendations of the authorities and authoritative journals.

We told these men they would have to come to our way of thinking, and they have done so.

We told those authoritative journals that, as had so frequently been the case in days gone by, they were wrong, either in whole or part, and they were.

At this late day we do not have to do all the talking ourselves, for there were other "fools" in the country, it seems, for every now and then one of them comes out into the light and has something to say about the proper treatment of influenza.

They may take up the embarassing subject of malpractice later.

It takes some nerve to refuse to listen to so-called authority or to dispute the authoritative journal; but there are times when, by so doing, much suffering is overcome and many death certificates are unwritten, especially if both authority and organ are ignored, while a physician counsels with himself and uses a little common sense.

If he does this and has the nerve to make known his ideas, there comes a time when the so-called authorities and authoritative journals turn around to his way of thinking.

We told them just what they would do in this particular instance, and they are doing it, even though the few of us who had some common sense and who employed a logical method of treatment for the so-called influenza are getting little or no credit.

Only we told them what would be what, and it is.

We were not authorities or authoritative journals, but just plain, every-day doctors who could see things as they really were, and act logically.

You who leaned hard upon authority may learn a lesson by studying your death certificates and finding out if you can explain away a single one of them to the satisfaction of your inmost conscience.

No matter how glibly you explained to the public that trusted you, "how do you account to you?"; "Think it over!" - in "The Western Medical Times", October 1919.

We Ask

"We ask our readers what they would do if Pneumonia (so-called), Thrombophlebitis, Nueritis and other manifestations of Toxemia, Post-Influenza, were shown to be due entirely to lack of elimination, and caused or furthered by the use of coal-tars, opiates, etc., that shut up that elimination.

What defence could be made to a suit for malpractice against a man who allowed his cases to drift into widespread manifestations of a Toxemia, that was being furthered by the so-called treatment that was administered, together with a total lack of any expedient that would tend to help or increase elimination?" - in "The Western Medical Times", October 1919.

For Colds and Influenza

"In 1918 and 1919 while fighting the "Flu" with the US Public Health Service it was brought to my attention that rarely anyone, who bad been thoroughly alkalinized with Bicarbonate of Soda, contracted the disease, and those who did contract it, if alkalinized early, would invariably have mild attacks.

I have since that time treated all cases of "Cold", Influenza, and La Grippe, by first giving generous doses of Bicarbonate of Soda, and in many, many instances within 36 hours the symptoms would have entirely abated.

During the first day take 6 doses of one-half teaspoonful of Bicarbonate of Soda in glass of cool water, at about 2 hour intervals.

During the second day take 4 doses of one-half teaspoonful of Bicarbonate of Soda in glass of cool water, at the same intervals.

During the third day take 2 doses of one-half teaspoonful of Bicarbonate of Soda in glass of cool water, and thereafter one-half teaspoonful in glass of cool water each morning until cold is cured.

Better results will be obtained if doses are not taken too near meal times." - in "Church & Dwight Co.", New York, 1920.

My Flu Story 1918

"Times were troubled – a war going on, Flu Epidemic that followed the boll weevil.

Three catastrophes, right there.

A new disease, just like another epidemic would be perhaps maybe not the flu but something else and it would be a new disease. We would have to learn to deal with it.

I was 10 years old, and **my family was the only family in the little town that did not contract the flu.**

Therefore, my parents became automatic nurses.

They nursed every family in town.

One family in particular was outside the town limits.

My father, and Uncle Eli, who we called his manservant, dug a common grave and buried 3 people in it - a mother, a father and a young daughter.

Unfortunately, we had no sanitary conditions in the area at that time, so the people were buried in the clothes they died in and wrapped in the sheets, because there was no one to wash the bed linens for them. So they were buried in a common grave. I do not remember a single church burial caused by the Asian flu. It was prevalent.

The greatest problem, of course, was getting medication.

There was only one doctor, Dr Andrews, a wonderful man. He did the best he could. We had no penicillin, no sulfur, nothing to treat that dreadful disease.

Of course, there were wagon loads of sick people lined up at his front door all the time.

If you loaded a sick person whom you could no longer help and put him in a wagon, which was what most transportation was, put him in that vehicle and take him to Dothan to a hospital, chances are that patient would be dead when they got there.

Ok, if he wasn't, there would be no room, the rooms would be filled.

The doctors would be worked to capacity.

That's why most families just buried their own dead.

The Flu itself, the so called, I think they called it the Asian Flu, affected the throat and the windpipe and chest.

Lack of medication, we had a little drug store and he had a pharmacist, a hired pharmacist but he could only supply a paregoric, maybe a mentholatum.

I don't know what kind of ointments they put on their chests, but that's about all there was.

My mother would take a half a teaspoon full of soda and put it in a glass of water for each of us – my twin brothers and for me and we would drink that before breakfast. I've often thought that that's what saved us.

She said that that soda would neutralize the system and we would be less subject to pick up the germ.

It must have worked because we were the only family, entire family, that escaped having that dreadful Flu.

It was my job as a 10 year old to take food to people, to families, all of them stricken.

Mama would put a gauze bandage around my face and she kept sterilized fruit jars on the stove at all times.

She would fill the jars with soup or whatever there was, and I would take those jars to the home of an afflicted family, knock on the door and leave the food at the door for someone to come pick it up.

It was not a pretty picture." - Edna Register Boone, 100-year-old resident of Mobile, in "1918 Pandemic Influenza Survivors Share Their Stories", Alabama Department of Public Health, January 2008.

A Study of the Epidemic commonly known as "Spanish Influenza"

"An epidemic, commonly known as "Spanish influenza", is now prevalent all over the world.

The forms, which it assumes, are so strange and inconsistent as to warrant the general belief that several distinct epidemics are prevailing at one and the same time.

After careful perusal of a number of French and foreign treatises on this subject, and after examining a considerable number of sufferers, **we are justified in coming to the conclusion that we are simply in the presence of one and the same disease** which is likely to show the following symptoms during the course of its development:

1. Diminution of arterial tension, the tendency mainly being towards minimum tension.
2. Irregularity of and variations in the strength of the pulse.
3. Weakening and even imperceptibility of the first sound of the heart.
4. Precocious cyanosis of the finger nails.
5. Enlargement of the spleen, slight enlargement of the liver.
6. "Sergent's white line", earthy hue of the teguments, scowling countenance, considerable asthenia, pupillary oscillations, persistent sleeplessness.
7. Slight delirium when the temperature is very high; it frequently increases when the temperature drops. Sufferers are subject to delirium when their temperature is normal.
8. Irritability contrasting with the intellectual torpor of the sufferers. Considerable difficulty in collecting one's thoughts and in formulating ideas. Distressing forebodings of death, sadness and violent fits of tears.
9. Signs of the lungs being affected, but in no precise locality; this varying as and the sufferer changes his position; the sloping portion of the lungs is affected when the sufferer is in a standing posture, and the back when he is lying down.

10. The expectorations, in the majority of cases with pulmonary localization, are frothy and contain thin streaks of bright red blood; these expectorations then assume a rusty or dull red hue, which subsequently changes to whitish or greenish.

11. Slight diarrhoea in the majority of cases, of a fugitive and typhoidal character, constipation in other cases. Hemorrhage in the alimentary canal.

12. Urine clear and abundant; it never has the appearance of the so-called "febrile urine"; haematuria rarely occurs.

13. Hemorrhage is likely to occur in any of the mucous membranes (epitaxis).

14. Cardiac syncope, preceded by the slowing and weakening of the pulse, is of extremely frequent occurrence during the course of this disease. Death always takes place as the result of cardiac syncope and may occur in cases which are apparently very mild.

This symptomatology points out to a specific disease for 2 reasons:

1. The majority of these symptoms are noticeable in practically all cases of Spanish influenza.

2. The whole of these symptoms may be reproduced in man by inoculation with the expectorations mingled with blood, produced by persons suffering with the disease.

On the 27 October 1918, I had my left thumb bitten by a rat while I was daubing its snout with the expectorations mingled with blood, of a female patient who was very seriously affected by the disease.

On the 28 October 1918, cyanosis was noticeable in the fingers of the left hand, the beating of the pulse in the radial artery was no longer perceptible, and a sensation of intense cold was experienced. The right arm remained unaffected.

Fits of fainting and of bradycardia occurred.

From the 29 October 1918 to the 4 November 1918, several fainting fits took place; pronounced lack of tension, irregularly and fluctuations in the strength of the pulse moreover became apparent.

On the 4 November 1918 a swelling appeared in the region of the bite, which at no time resembled an abscess in any respect and which remained until the end of December 1918.

The irregularity and fluctuations in the strength of the pulse increased.

Considerable asthenia, the earthy hue of the teguments and "Sergent's white line" persisted for about 10 days.

On about the 15 November 1918, a short, unfrequent cough became noticeable, producing a few frothy expectorations containing fine streaks of bright red blood.

In the left basis of the right lung inspiration and expiration produced a blowing sound, the vesicular murmur became inaudible, while dyspnoea and a sensation of constriction of the thorax was experienced.

"Sergent's white line" disappeared, persistent sleeplessness, intellectual torpor and considerable asthenia were noticeable; abundant polyuria, with clear urine.

Up to the 12 December 1918 these symptoms increased in intensity.

My condition became alarming; adrenaline, strychnine and all cardiac tonics failed to produce any effect.

On that date a serotherapic treatment (described at the conclusion of the present note) was commenced.

At that time the symptoms were as follows:

Hypotension, fits of coughing and slow action of the heart, irregularity in the strength of the pulse, which at times became filiform.

Total disappearance of the first sound of the heart.

Spleen twice its normal size, earthy complexion, reappearance of "Sergent's white line."

Vitreous appearance of the eyes, irritability at the slightest noise, asthenia, impossibility of thinking, loss of memory, diminution of consciousness, fits of polypnoea.

Pulmonary signs identically as before.

Urine very abundant.

Diarrhoeic stools.

Constant syncopal tendencies with fainting fits at intervals.

Abnormal pupillary reflexes. Extremely painful tumefaction of the left thigh, in the inner side, at the same time as pains in the muscles and joints.

This laboratorical mishap caused a disease wherein all symptoms of the epidemic, now being discussed, were reproduced.

During the first stage of this disease, I succeeded in isolating a coccobacillus in the swelling on the thumb and, during the final stage, it was rediscovered in my venous blood by collecting at least 40 cubic centimetres in a globe of 200 cubic centimetres capacity.

The blood was left standing at a temperature of 12° C. for several days.

A white film formed on the surface; fragments of this film, after being placed in the usual prepared nutrient media, yielded cultures of bacteria possessing certain characteristics whereto we shall revert later.

These colonies consist of a small mobile cocobacillus, with bipolar coloration and a non-adhesive nature.

Rats and guinea pigs appear to resist inoculation.

On the other hand, mice are extremely sensitive thereto and are subject to fits of cyanosis, dyspnea, polypnea and agitation.

These fits become more frequent and of longer duration.

Finally, after having passed through a period of intense excitement and lost all sense of balance or equilibrium, the animal passes into a state of complete prostration with cyanosis all over the body.

Respiration is then imperceptible, while the heart beats at long intervals. The animal moves when touched and runs about when pinched. The temperature drops, the animal's movements constantly decrease and it finally dies. In the case of a mouse, the total development of the disease extends over about one month and a half. The coccobacillus of Spanish influenza is only constantly met with in the nervous centers of mice. The coccobacillus has been successfully isolated in the case of a great many individuals affected by the epidemic. It is a noteworthy fact that it generally disappears from the blood in circulation when complications exist and rises in temperature take place.

Certain symptoms of this epidemic resemble Hemorrhagic Septicemia; the cultural characteristics of this coccobacillus are accountable for this resemblance.

It was therefore logical to employ a serum obtained with a microbe of this group; the anti-plague serum, for example, which is always available.

As a matter of fact this serum protects mice against inoculation by the coccobacillus of Spanish influenza and can even cure mice which are already affected by the disease.

After the first injection of 25 cubic centimetres of anti-plague serum, my fainting fits and other circulatory phenomena disappeared.

In consequence of the advanced stage of the disease, however, it was necessary to use the contents of 10 bulbs in order to effect a complete cure.

Patients suffering with pulmonary complications have been most successfully treated with the same serum whilst others, suffering with nervous forms comprising ataxo-adynami, etc., have had the satisfaction of seeing their disorders rapidly disappear.

Since I have adopted this treatment in the form of intrevenous injections, for patients suffering with fainting fits (syncope's) and in the form of subutaneous injections, in other cases **I have not had a single decease among my patients suffering with Spanish influenza**; indeed, their period of convalescence has been remarkably short.

We would call attention to the fact that this disease whereof the symptoms are well defined, has nothing in common with the feverish elevation which Nicolle and Lebaillv produced in certain subjects by injecting a filtered solution of expectorations.

The development of the disease, described in this note, takes place without any considerable rise in temperature; the period of incubation is very short, whereas the above-mentioned authors **noticed a high fever and an incubation lasting from 5 to 6 days."** - Dr E. Folley, MD, 114 Boulevard Germain, Paris, France, in "The Western Medical Times", December 1919.

Prophylaxis of Infectious Diseases

"Infectious diseases such as Pneumonia, Influenza, Tuberculosis, Meningitis, Diphtheria, Infantile Paralysis, or in fact any of those diseases due to pathogenic bacteria, could many times be warded off if the body were protected by a healthy blood stream that is swarming with phagocytes.

The accumulation of waste in the intestinal tract permits of the absorption of poisonous material or toxins into the blood, which are then distributed to other parts of the body through the entire circulatory system, thereby producing in a mild way a General Toxemia.

This contaminated blood is not only a carrier of poison, but also in its impaired state is unable to properly perform one of its greatest functions: that of protecting the body from diseases by destroying any invading microorganisms.

Wherever a disturbance of function or structure of any part of the body occurs, there is produced by these functional changes toxins which must be eliminated as waste products in order to prevent their absorption into the circulation.

This is necessary or else the body cannot regain its normal condition." -in "The Western Medical Times", December 1919.

Is Another "Flu" Epidemic Coming?

"Let us hope not.

But the possibility must be faced and we must be ready for it if it does come. **Whether or not an actual epidemic occurs, it is almost certain that there will be many infectious "colds", coryzas, grippes owing to the weakened vitality of many who have recovered from their former attack, and for other reasons.**

But the experience gathered during the previous pandemic has been of great value to us.

We have learned some of the things which must not be done, and out of the maelstrom of countless therapeutic measures tried, have risen a very few which through actual results produced in many cases, commend themselves to our future confidence.

One of these remedies which stands right at the very top is Calcidin (15% iodine with lime and starch).

During the epidemic of last year and since there have been thousands of reports of its successful use in thousands of cases.

One physician reported over 1,800 cases in which the dominant remedy was Calcidin, without a single death and very few complicating pneumonia.

Other reports are from a dozen cases up to 500 and practically every doctor reports **"there was not one died."**

For many years Calcidin has been the favorite prescription of thousands of physicians for "coughs, colds, croup."

It gained new thousands of admirers during the epidemic.

If there is another attack or even the expected increase in common colds, Calcidin will be in greater demand than ever before." - in "The Western Medical Times", December 1919.

Experiments to Determine Mode of Spread of Influenza

"The experiments here described were performed on an island in Boston Harbor, on volunteers obtained from the Navy.

The work was conducted by a group of officers detailed for that purpose, from the US Navy and the US Public Health Service, consisting of Dr G. W. McCoy, director of the Hygienic Library, Dr Joseph Goldberger, Dr Leake, and Dr Lake, all on the part of the US Public Health Service; and cooperating with those medical officers, was a group also detailed for this purpose on the part of the US Navy, consisting of Dr J. J. Keegan, Dr De Wayne Richey, and myself.

The work itself was conducted at Gallops Island, which is the quarantine station of the Port of Boston, and peculiarly well fitted for operations of this kind, serving adequately for the purposes of isolation, observations, and maintenance of the large group of volunteers and personnel necessary to take care of them.

The volunteers were all of the most susceptible age, mostly between 18 and 25, only a few of them around 30 years old; and all were in good physical condition.

None of these volunteers, 100 all told in number, had "influenza"; that is, from the most careful histories that we could elicit, they gave no account of a febrile attack of any kind during the winter, except a few who were purposely selected, as having shown a typical attack of influenza, in order to test questions of immunity, and for the purpose of control.

Now, we proceeded rather cautiously at first by administering a pure culture of bacillus of influenza, Pfeiffer's bacillus, in a rather moderate amount, into the nostrils of a few of these volunteers.

These early experiments I will not stop to relate, but I will go at once to what I may call our Experiment 1.

Experiments at Gallops Island

As the preliminary trials proved negative, we became bolder, and selecting nineteen of our volunteers, gave each one of them a very large quantity of a mixture of 13 different strains of the Pfeiffer bacillus, some of them obtained recently from the lungs at necropsy; others were subcultures of varying age, and each of the 13 had, of course, a different history.

Suspensions of these organisms were sprayed with an atomizer into the nose and into the eyes, and back into the throat, while the volunteers were breathing in.

We used some billions of these organisms, according to our estimated counts, on each one of the volunteers, but none of them took sick.

Then we proceeded to transfer the virus obtained from cases of the disease; that is, we collected the material and mucous secretions of the mouth and nose and throat and bronchi from cases of the disease and transferred this to our volunteers.

We always obtained this material in the same way:

The patient with fever, in bed, has a large, shallow, tray like arrangement before him or her, and we washed out one nostril with some sterile salt solution, using perhaps 5 ce., which is allowed to run into this tray; and that nostril is blown vigorously into the tray.

This is repeated with the other nostril.

The patient then gargles with some of the solution.

Next we obtain some bronchial mucus through coughing, and then we swab the mucous surface of each nares and also the mucous membrane of the throat.

We place these swabs with the material in a bottle with glass beads, and add all the material obtained in the tray.

This is the stuff we transfer to our volunteers.

In this particular experiment, in which we used 10 volunteers, each of them received a comparatively small quantity of this, about 1 c.c. sprayed into each nostril and into the throat, while inspiring, and on the eye.

None of these took sick.

Some of the same material was filtered and instilled into other volunteers but produced no results.

Now, I may mention at this point that the donors were all patients with influenza in Boston hospitals; sometimes at the U.S. Naval Hospital at Chelsea, sometimes at the Peter Bent Brigham Hospital, where we had access to suitable cases.

We always kept in mind the fact that we have no criterion of influenza; therefore I would like to emphasize the fact that we never took an isolated case of fever, but selected our donors from a distinct focus or outbreak of the disease, sometimes an epidemic in a school with 100 cases, from which we would select four or 5 typical cases, in order to prevent mistakes in diagnosis of influenza.

Now, thinking that perhaps **the failure to reproduce the disease in the experiments** that I have described was due to the fact that we obtained the material in the hospitals in Boston, and then took it down the bay to Gallops Island, which sometimes required 4 hours before our volunteers received the material, and believing that **the virus was perhaps very frail**, and could not stand this exposure, we planned another experiment, in which we obtained a large amount of material, and by special arrangements, rushed it down to Gallops Island; so that the interval between taking the material from the donors and giving it to our volunteers was only 1 hour and 40 minutes, all told.

Each one of these volunteers in this experiment, 10 in number, received 6 c.c. of the mixed stuff that I have described.

They received it into each nostril; received it in the throat, and on the eye; and when you think that 6 c.c. in all was used, you will understand that some of it was swallowed.

None of them took sick.

Then, thinking perhaps it was not only the time that was causing our failures, but also the salt solution — for it is possible that the salt solution might be inimical to the virus — we planned another experiment, to eliminate both the time factor and the salt solution, and all other outside influences.

In this experiment we had little cotton swabs on the end of sticks, and we transferred the material directly from nose to nose and from throat to throat, using a West tube for the throat culture, so as to get the material not only from the tonsils, but also from the posterior nasopharynx.

We used 19 volunteers for this experiment, and it was during the time of the outbreak, when we had a choice of many donors.

A few of the donors were in the 1st day of the disease.

Others were in the second or 3rd day of the disease.

None of these volunteers who received the material thus directly transferred from cases took sick in any way.

When I say none of them took sick in any way, I mean that after receiving the material they were then isolated on Gallops Island.

Their temperature was taken 3 times a day and carefully examined, of course, and under constant medical supervision they were held for one full week before they were released, and perhaps used again for some other experiment. All of the volunteers received at least 2, and some of them 3 "shots" as they expressed it.

Our next experiment consisted in injections of blood.

We took 5 donors, 5 cases of influenza in the febrile stage, some of them again quite early in the disease.

We drew 20 'c.c. from the arm vein of each, making a total of 100 c.c, which was mixed and treated with 1%, of sodium citrate.

Ten c.c. Of the citrated whole blood were injected into each of the 10 volunteers.

None of them took sick in any way.

Then we collected a lot of mucous material from the upper respiratory tract, and filtered it through Mandler filters.

While these filters will hold back the bacteria of ordinary size, they will allow "ultramicroscopic" organisms to pass.

This filtrate was injected into 10 volunteers, each one receiving 3.5 c.c. Subcutaneously, and **none of these took sick in any way.**

The next experiment was designed to imitate the natural way in which influenza spreads, at least the way in which we believe influenza spreads, and I have no doubt it does — by human contact.

This experiment consisted in bringing 10 of our volunteers from Gallops Island to the U.S. Naval Hospital at Chelsea, into a ward having 30 beds, all filled with influenza.

We had previously selected 10 of these patients to be the donors; and now, if you will follow me with 1 of our volunteers in this ward, and remember that the other 9 were at the same time doing the same thing, we shall have a picture of just what was happening in this experiment:

The volunteer was led up to the bedside of the patient; he was introduced.

He sat down alongside the bed of the patient.

They shook hands, and by instructions, he got as close as he conveniently could, and they talked for 5 minutes.

At the end of the 5 minutes, the patient breathed out as hard as he could, while the volunteer, muzzle to muzzle (in accordance with his instructions, about 2 inches between the two), received this expired-breath, and at the same time was breathing in as the patient breathed out.

This they repeated 5 times, and they did it fairly faithfully in almost all of the instances.

After they had done this for 5 times, the patient coughed directly into the face of the volunteer, face to face, 5 different times.

I may say that the volunteers were perfectly splendid about carrying out the technic of these experiments.

They did it with a high idealism.

They were inspired with the thought that they might help others.

They went through the program in a splendid spirit.

After our volunteer had had this sort of contact with the patient, talking and chatting and shaking hands with him for 5 minutes, and receiving his breath 5 times, and then his cough 5 times directly in his face, he moved to the next

patient whom we had selected, and repeated this, and so on, until this volunteer had had that sort of contact with 10 different cases of influenza, in different stages of the disease, mostly fresh cases, none of them more than 3 days old.

We will remember that each one of the 10 volunteers had that sort of intimate contact with each one of the 10 different influenza patients.

They were watched carefully for 7 days — **and none of them took sick in any way.**

Experiments at Portsmouth

At that point, the holidays came, our material was exhausted, and we temporarily suspended our work.

In fact, we felt rather surprised and somewhat perplexed, and were not sure as to the next way to turn, and we felt it would be better to take a little breathing spell and a rest.

We started another set of experiments in February that lasted into March, again using 50 volunteers carefully selected from the Deer Island Naval Training Station.

These experiments I will not give in detail.

They would take too long.

They were simply designed and the program was carefully planned, but the way matters turned out became very confusing and perplexing. I will give two instances to explain what I mean by that; and I give them because they are exceedingly instructive and very interesting.

In February and March, the epidemic was on the wane.

We had difficulty in finding donors. We were not sure of our diagnosis, having no criterion of influenza.

We therefore felt very fortunate when we learned of an outbreak that was taking place at the Portsmouth Naval Prison, only a few hours north of Boston.

We at once loaded a couple of automobiles filled with our volunteers, and rushed up to Portsmouth, and there repeated many things that I have described in our first set of experiments.

At Portsmouth, out of a large number of cases, we made our selections carefully, taking the typical cases for donors, and transferring the material directly to our volunteers.

In about 36 hours, half of the number we exposed came down with fever and sore throat, with hemolytic streptococci present, and doubtless as the causal agent.

All the clinicians who saw these cases in consultation agreed with us that they were ordinary cases of sore throat.

Another incident:

One of our officers, Dr L., who had been in intimate contact with the disease from early in October, collected material from 6 healthy men at the Portsmouth Navy Yard who were thought might be in the period of incubation of the disease — we were trying to get material as early as possible, because all the evidence seems to indicate that the infection is transmittable early in the disease.

None of the 6 men came down with influenza.

Conclusion

They had been exposed as all the rest of the people had been exposed to the disease, although they gave no clinical history of an attack.

Dr McCoy, who with Dr Richey, did a similar series of experiments on Goat Island, San Francisco, used volunteers who, so far as known, had not been exposed to the outbreak at all, **also had negative results, that is, they were unable to reproduce the disease.**

Perhaps there are factors, or a factor, in the transmission of influenza that we do not know. As a matter of fact, we entered the outbreak with a notion that we knew the cause of the disease, and **were quite sure we knew how it was transmitted from person to person. Perhaps, if we have learned anything, it is that we are not quite sure what we know about the disease.** (A complete account of the experiment is being published by the U.S. Public Health Service)." - Dr Milton J. Rosenau, MD in "Journal of the American Medical Association", 2 August 1919.

And They Were Not Infected

"It was in the navy, or was it in the army, that certain lot of men had the Pfeiffer bacillus of influenza thrown at them in various ways, and none of them became infected with influenza? And still the disease which has been prevalent has been called influenza. But is it influenza at all?

Some say the so-called influenza is the plague and the latter in the septicemic and pneumonic types.

As none of the plague germs were deliberately thrown in the faces of any soldiers or sailors the matter remains an unsettled question, a thing perhaps only half done.

The fact that the epidemic of last fall, winter and spring resembled certain phases of the plague was not accepted.

Or at least, not by many. But those who did accept the apparent fact and treated their patients as though they were stricken with the plague seemed to gain better results than did those who clung to the influenza idea.

Perhaps it might be well for all of us to take down our books and read something about the plague, also more about influenza.

If we were to do this it might be that some of our so-called influenza cases might tally very closely with the descriptions of plague and not so very much with those of influenza.

But we all seem to be rather stubborn and hard-headed and prone to make up our minds that such is such and no other thing and because of this and because somebody has called the disease, which did more real damage to humanity than did the war, **"Spanish influenza," it might be and remain "Spanish influenza" and nothing else, for, should we reverse ourselves and call it by another name it would mean that perhaps somebody might have his reputation damaged to a greater or less extent.**

It might be shown that some "eminent pathologist" was all wrong, and that would never do, you know.

It might show some lesser light, somebody possessing a modicum of commons sense, was right, and that, likewise would never do. When we look the members of the medical profession over we are sometimes inclined to smile.

Again we grin. Sometimes we laugh out loud.

They, those fellows who never agree and get together, are funny mes to look at from the side lines.

The way they allow their selfishness to run away with their sense would be amusing, only that humanity as a whole suffers therefrom and that the mortality rate goes on increasing while the medical men are endeavoring to uphold their petty individual ideas. As we sit along the side lines and look on we sometimes wonder how many real doctors there are in the world anyway.

We wonder how many of them really forget their own individual selves and do work which will benefit the whole.

We wonder just how much the commercial idea rules in medicine as elsewhere. We also often wonder why it so frequently happens that medical investigators quit, as they did with that bunch of soldiers and sailors, with their work only partially done?

In fact, there are many things connected with medicine and surgery that cause us to wonder.

We even wonder, at times, if we are really the scientific body of man we claim to be — if we really ever get down to the real bottom of any question?

We are inclined to poke fun at the old "family doctor" and to say that he was not scientific, but in a pinch it seems to us that he met with about as much average success as do we more scientific men. Anyway, he was a man who listened to others and did not pose as an authority in all things — perhaps a half-baked one.

Taking mortality list for mortality list, it seems as though that old timer came out with about as clean a slate as do some of our men who go through high school, then through a pre-medical course of letters and on to a 4-year course in a medical school, plus 1 year or 2 interneship.

These latter men do get a lot of theory, but are they of the same practical turn as was the old timer?

Do they know how to apply that which is in the books in such a way as to get results, satisfactory alike to themselves and patients?

Is it not possible that many of these ultra-educated men perform much as did those who threw the Pfeiffer bacilli in the faces of those soldiers or sailors, and then quit with their work only half done?

We would like to see less theorizing in medicine and more of a definite character entering into it.

We would like, when we read an article or book to see the word "Finis" mean all that it implies.

Throwing certain germs into the faces may prove certain things, but if we stop right there we have not gained the desired end, and in connection with the Spanish influenza, or any other sort of influenza you may prefer, as connected with the recent epidemic, we are just as high in the air as ever.

We do not really know whether it was the influenza, the plague, or what it was with which we had to contend.

Perhaps a name for it does not matter so very much anyway, if we all recognized the fact that it was a very decided Toxemia or Septicemia and if we treated it along common-sense lines, as we would, if we possessed even a modicum of common-sense, treat any other Toxemia or Septicemia.

But we would really like to get at the bottom of this matter and know exactly with what disease we had to deal, a thing with which we are not now conversant, and perhaps never will be.

At least not for so long as wise men disagree.

And for so long as investigators and experimenters do not go to that point which tells the whole story." - in "The Western Medical Times", December 1919.

The Common Sense Treatment of Influenza and Bronco-Pneumonia

"There seems to be a great diversity of opinion relative to the treatment of the so-called influenza and its attendant broncho-pneumonia.

It seems as though **a million and one remedies are suggested, and most of them without much attention to the logical side of the question, viz.: the removal of the cause.**

In both the initial condition and in the succeeding pneumonia it is admitted, by those who have seen many cases, that there is a high grade sepsis and that this is due to infection with one or more kinds of very virulent germs.

As to the direct bacterial cause there seems to be a variance of opinion.

But be that as it may, that there is a high grade Sepsis cannot be questioned, unless, of course, those seeing the cases are blind, both of eye and mind.

Admitting that we have a septic condition, what would be the logical line of procedure to pursue, if we desire good and lasting results?

In other infections, with more or less Sepsis, if we are logical, it is our usual endeavour to rid the body of the offending cause, be it one germ or many.

Consequently, if we have a septic condition in the so-called influenza, why is it not equally logical that an attempt should be made to rid the body of those bacteria to which the condition may be due, and that regardless of the exact name or nature of those bacteria?

That would seem logical to us.

But we have stood in drug stores and heard prescription after prescription dictated, either by phone or by the doctor in person, and the amount of opium, in one form or another, ordered has made our hair fairly stand on end.

And this by many men who would not think of ordering an opiate in any other septic condition they might encounter.

And we have also heard coal-tars ordered in amounts which must have run into the tons, in the aggregate.

When we have asked these men why they are using these things, the invariable reply has been, "Something must be done for the pain."

Of course, the opiate and the coal-tars will relieve those pains, but what happens to the patient?

It is a well-known fact that the opiates act to destroy certain organic functions and that they put most, or all, the eliminating organs out of commission for the time being.

They do give the patient relief, through obtunding his sensibilities, but **they do not either destroy or remove the offending cause.**

They simply lock the cause up for the time being, and in a culture medium very favourable for continued and prolific growth.

The coal-tars may not interfere with the eliminating functions, but **it is a well-known fact that they do cause more or less depression and thus lower resistance.**

And a lowered resistance is something to be guarded against in this particular disease.

To our mind the indications for treatment of influenza, so-called, and the only treatment, is one which will hasten elimination to the utmost, without lowering resistance.

In no other condition is the gospel of "clean out, clean up and keep clean" more worthy of attention.

There should not be one single move made which will, in the least, interfere with any function in the least concerned with elimination.

If elimination is not interfered with, but is forced to the limit, and that at the earliest possible moment, the possible indication for the opiates and coal-tars disappear.

Given a case, in the early stage, or in fact in any stage, the bowels should have immediate attention, and that no matter what the patient may say about regularity thereof, or the reverse.

Rx

Camphorated oil,
Spirits of turpentine aa.. . ozs. ii
M. Sig: To be applied hot to the chest night and morning.

No poultices, no jacket and nothing heavy is to be used over the chest.

This concludes the medical end of the treatment.

From the foregoing it will be seen that nothing is administered to directly overcome the pain or to reduce the fever. Everything either hastens elimination or builds up the body resistance.

The pain and fever, and sometimes at a very early time after such treatment is instituted disappear, and for good.

We have seen what seemed a complete recovery at the end of the second day after the institution of enforced elimination.

And when a patient has recovered after such treatment there is no return of the disease because of the retention of toxin producing organisms.

And if the patient has been seen early it is a rare instance in which a pneumonia follows.

And this is a line of treatment which may be instituted at any stage of the disease and which will give success, with the possible exception in those cases where the disease has gained a serious foothold and where the condition of general sepsis and profound destruction of resistance has occurred and where no response could be expected of anything under the sun.

We believe you will agree with us that the treatment outlined above is logical in every respect.

It removes the cause, and that quickly. It increases the body resistance. And it has met with success in the hands of some thinking clinicians, one of whom has, during the past 2 or 3 months, treated from 1 to 4 wards full and without a single death or serious complication." - in "On Being Logical", The Western Medical Times, March 1919.

Why the Poly-Pharmacy; Drugging by Guesswork

“When one reads the current literature, or attends a meeting of some medical society, or happens to look over the shoulder of a doctor prescribing for the so-called “Flu”, he sometimes wonders, “Why the Poly-Pharmacy?”

He also, at times, wonders if the profession has lost its wits completely. Likewise does he wonder if the doctors have forgotten all they ever knew about drugs and the actions, as applied in pathologic processes.

It seems to be pretty generally admitted that **the present influenza, if it be really influenza, is a markedly Septic condition as a rule.**

Such being the case, why then is it not treated, as are other septic conditions, in the simplest possible manner, with the idea of elimination invariably first in mind?

It would seem to us that the main feature, if not the only one, to be brought in play **should be elimination, more elimination, and still more, and that pushed to the limit until all Sepsis producing causes are completely driven out of the system.**

We have noticed that the men who are using this method of coping with the disease are, in cases seen early, having no Pneumonia or other complications, and these men are using very few drugs, but those few are being pushed to the limit.

Even so, the patient is not over-drugged and there is no incompatibility, either chemical or physiological, of drugs administered.

The men who are pursuing the course of rapid elimination do not seem to be obliged to administer coal-tars for the relief of pain, the opiates to check the cough, or anything to lower the fever.

Nor do they have weakened hearts or other organs with which to contend.

There is nothing in their treatment which either depresses the patient or locks up within him the disease producing bacteria or their toxins.

In fact, after the first day or so, all the symptoms begin disappearing and without any specific attention having been given them.

Of course any such treatment should be relegated to the “no good” class, for that is really where it belongs.

The patient, because of his rather rapid recovery, will hardly believe that the doctor was right when he called the condition the “Flu”.

Other doctors will, very unkindly, say, “Oh, Dr So-an-so is calling everything the “Flu”, and anyhow those were cases which would have gotten well without anything in the way of treatment.”

And, doggone it, such a line of treatment is no money maker for the doctor, for he rarely sees the patient for more than 3 or 4 times and has none of those long drawn out **Pneumonias — the big money makers.**

And the treatment is no good, for it is not directed, in any way, whatsoever, against one single, solitary sign or symptom of the disease.

Nor does it combine all the Drugs within the Pharmacopoeia.

And another reason for its abject worthlessness lies in the fact that it gives the doctor no opportunity to talk about what bad conditions the patient went into and how he, the doctor, so miraculously saved the life of the patient.

To our mind it is sometimes a wonder that the patients have survived some of the Poly-Pharmacy we have heard mentioned.

The facts of the matter are that we have about concluded, within our own mind, that **some “Flu” patients are either made worse or killed outright through either too much drugging, or drugging by guesswork.**

And when we see or hear about a **Polypharmacy prescription we always think such drug giving is very largely a matter of guesswork.**

When we see a stimulant and a sedative written for in the same mixture we wonder and when we see several salts of one base, ammonium, for instance, called for, our wonder increases.

We sometimes wonder what takes place in the bottle, say nothing of what may, or may not, occur in the system of the patient.

Our chemical knowledge will not allow us to even figure on what may happen in the bottle, and we would not gamble a cent on the physiologic returns.

We believe, after some little observation, that the simplest sort of eliminative treatment is the only sort indicated in influenza, so-called. **We believe it is "bulls-eye" therapeutics of the highest order.**

With the skin, kidneys, bowels, salivary glands and lungs working to their utmost, and that is what the treatment in mind brings about, the cause of the disease lingers around but a short — very short — time.

If the simple eliminative treatment meets the indications and brings about satisfactory terminations, "why polypharmacy?" - in "The Western Medical Times", March 1919.

The Crimes of the Medical Trade

"Finley Ellingwood may be an Eclectic and being such may not be worthy of the "holier than thou" regulars.

In "The Crime of Professional Ignorance", he tells us some things.

"On the 11 December 1918, there was a meeting in Chicago, of the American Public Health Association, conjointly with the regular session of the Chicago Medical Society.

There were some of the best men of the United States present.

The president, in his speech said:

> ***"We are nature's skilled assistants. It requires a good deal of knowledge to know how little we know."***

This is certainly a very learned and authoritative statement; we wish it were truer than the casual lay reader will believe it to be.

This was followed by a remark by another prominent physician, that **"The Profession has very little power over pneumonia".**

He said:

> ***"I am convinced that as many patients have been killed by physicians, as have been cured. I did my share of the killing by giving whiskey, strychnine, etc., when if they had been let alone, they would have recovered."***

Four or 5 years ago, an ex-president of various medical societies, including, the American Medical Association, made the statement at a session of the Chicago society, that there was no known medicine that would have any effect on Pneumonia.

A physician was called a few days later to prescribe for her because she had a bad cold.

He carelessly declared it to be pneumonia.

She made provision at once, as much as possible for her children, gave herself up to the inevitable, as the learned doctor had made it, and died of pneumonia within 24 hours in the hospital.

If the representative of the Profession of Medicine, in our country today, actually know no more medicine than they honestly acknowledge in the above, is it not time that the people at large accepted their statements as truth?

In what particular is the acknowledgement of a crime before the court of justice, any different, or any more worthy of punishment, then the acknowledgement, with a smile on his face, of **a practicing physician, that one-half of his pneumonia patients he has killed by the medicines he has given?**

What excuse is there for 75% of the dominant body continuing such a deadly course of practice, when at least 25% of the profession adopt a course of treatment for pneumonia, which at the very highest, has a mortality of 8% to 10%, simply because the minority opinion is not expressed by those who belong to the majority body.

It is certainly time that the minority, who know how to cure pneumonia, assert their knowledge by every public method, and prove their statements, as can be readily done.

The above statements apply as well to the epidemic influenza at the present time.

Very many homeopathic and eclectic physicians have not lost any cases of influenza, and those cases that developed pneumonia symptoms, presented that serious condition in a much milder form, and were found to be more readily cured than those in which serums and antitoxins were prescribed.

Without any doubt, the old school method of treating pneumonia, which was prevalent in the days when George Washington was bled to death for an ordinary uncomplicated case of pneumonia, following the primary acute development of pulmonary congestion, is not improved upon.

The profession is yet at sea, and the methods now, in their experiments, fatal and otherwise, with serums and antitoxins, is not as curative, and results in a higher fatality, than it did in those days.

When we get down to the bottom of the matter, the sole cause of the lack of success in the practice of medicine at the present day, where that lack exists, is due to nothing but ignorance of therapeutics, which ignorance on its part, is based upon the most unjustifiable, unreasoning and actually criminal prejudices.

Who is going to answer for the crimes that result from this ignorance?

It is little wonder that the doctor is a joke to his community".

Why should not he be, for he admits, himself, that he is an nonentity", other than that he may possibly be one who can tell another that the latter possesses this, that or the other pathologic condition, **he is neither physician nor doctor, for he admits that he kills more than he cures.**

What Ellingwood says about the use of the remedies he mentions in pneumonia is right, for we know, from some experience, in which we had 100% recoveries, as compared with **97% mortality in the hands of those using the stimulative treatment**, that those remedies are good and that, employed as indicated, will bring satisfactory results in the majority of instances." - in "The Western Medical Times", May 1919.

Have We Learned Anything

"For about 9 months we have been having more or less influenza all over the world.

It has been, to some extent, a puzzling thing to many of us, for the condition, in this epidemic, seems to have been different, in many ways, from all other epidemics which have gone before.

Instead of the pneumonias following the influenza, as they did in the epidemic of the late 80's and early 90's, and occurring, **as a rule, either in the aged or alcoholics, we have seen the young**, hale and hearty the victims of this complication, almost from the outset.

Nothing has proceeded as it should.

We have seen very decided Toxemias and numerous cases of general Septicemia.

The pneumonia has not been of the usual typical variety, the lobar type, with which we have had to deal, as a common thing, in fact, this siege of influenza has had much in it which has puzzled the best of us.

We started out in the old'time way of treating the grip with the coal-tars and opiates, and our patients died with vast regularity.

Then we did not know exactly what to do, for there was the fever, sometimes almighty high, the aches and pains, and numerous other symptoms to be taken care of, and seemingly nothing to do it with if we really wanted to save our patients. **After going over the condition carefully, some of us concluded that this disease was, above all other things, a very decided Toxemia.**

We knew that, in the face of other Toxemias, we had never employed those things which had been suggested in the early days of this epidemic, or we knew, if we had, we had seen our patients go from bad to worse and finally die.

We knew that in dealing with the Toxemia, and no matter what type or from what cause, the main indication was elimination, and that instituted early and pushed to the limit.

Having recognized this condition of affairs, a few of us adopted an eliminating form of treatment and wholly ignored symptoms.

We pushed our eliminants to the limit and we saw our patients recover and we did not have any pneumonias or other unpleasant complications.

We did see our patients, free from Toxemia, and the toxin producing agents, pass into convalescence as almost well men and women.

We saw our patients going about with cheeks rosy and putting on pound after pound of flesh within a very short time after getting out of bed.

This epidemic has taught us that, if influenza is properly handled from the beginning, death certificates are something the doctor does not form the habit of writing.

It has also taught us that, in the face of a decided Toxemia, elimination, and that pushed to the uttermost limit, is the only thing necessary to bring the patient back to normal in a remarkably short time.

And this experience has taught us another thing.

It has shown us that there are a number of bull-headed men in the profession of medicine, men who will not use anything unless it originates within themselves or has been passed on to them by some self-constituted and so-called "authority."

It has taught us that there are some men in the profession who either do not possess common-sense, know nothing of their therapeutics, or are unwilling to be taught, for fear somebody might hear about it.

We have also been taught that there are some doctors who consider one swallow a summer and who, if not meeting with success in a single instance, have forever condemned that which has done good and sufficient work for the thinker.

We have been taught that this epidemic has shown up both the real and the unreal doctor.

Nothing, more than this epidemic, has taught us to be logical in our application of therapeutics.

For nothing has more thoroughly exposed the slipshod therapeutist, the man who has had many pneumonias and has written numerous death certificates." - in "The Western Medical Times", June 1919.

We Knew We Were Right

"In the earlier days of the recent influenza epidemic many of the medical writers told us that the depressants and opiates were ideal agents with which to treat the disease.

For some reason, at the time not recognized or overlooked, those men lost a good many patients, or saw other patients who did not do well, at all well, under the aforesaid treatment.

The method was employed to combat effects and to bring some relief to patients, with little or no regard to the underlying cause or other effects than pain or fever symptoms, which might be present and giving more or less worry to the patients.

There were other men who contended that influenza was a self-limited disease-it is hoped that that term "self-limited" may some time be condemned-and that the patient would get well-or die, perhaps - with little or no treatment.

These men told their patients to go to bed and stay there until the symptoms disappeared.

A few of us gave attention to the underlying cause and what that cause did, other than to produce pain and fever.

We soon found that the cause whatever it might be, was producing a high grade toxic or septic condition, so that many influenza patients were simply overwhelmed with general Toxemia or Septicemia.

We realized that those patients were suffering from pain and fever; but we discovered that it was not the pain or fever that were causing the writing of so many death certificates, but that those certificates were the outcome of the actions of the toxins upon the system, an action identical with that of any other lethal poison.

We also recognized the fact, that were those toxins retained within the system, many organs might become secondarily involved and many serious sequels might follow in the wake of the disease.

We made known our findings and were laughed at and told we were fools-or worse.

Recognizing the fact that many toxins were being manufactured within the body by the causative agent of influenza, if it really be influenza at all, without regard, in particular to the exact character of that agent, and also that the various eliminating organs were inclined to assume an atonic condition, in so far as function might he concerned; a few of us, almost if not quite, disregarded the symptoms of pain and fever and directed our efforts toward getting rid of the underlying cause and the toxins produced thereby.

We employed and preached elimination, pushed to the uttermost, and were scorned; all because nothing we offered, in the way of treatment, was directed, apparently, toward the relief of the symptoms of which the patients complained the most.

The symptoms which, in reality, were only sign posts, so placed as to direct the efforts of the physician.

We gave not one thing for the fever, nor did the pain have any attention from us.

We were hunting bigger game, the cause and its produced toxins, for we knew that when we have overcome that sort of "game", the lesser sort would care for itself.

And we succeeded where others failed.

Our patients did not develop pneumonia, or acute inflammation of any organs, other than the lungs, and our death certificates were not in evidence!

The Western Medical Times was the first journal to publish the idea that Influenza was a high grade Toxemia, and for its pains it was either ignored or laughed at.

It published the idea of forced elimination and treatment without any depressants or opiates, and again was it ignored or made fun of.

But we knew and that from a practical application of the forced elimination, that we were right, therefore we did not retreat one step from the advance we had made.

The few of us who believed in our method went right on treating and curing our patients and a thorough canvass of those patients shows no sequels worthy the name.

But not so is the case in the practice of those who used the depressants and opiates.

Their patients had pneumonia and many of them have passed over the River Styx, all because those doctors preferred following the ideas of the so-called "authorities", rather than those of a practical, commonsense mind.

Those doctors who did use depressants and opiates, or who simply told their patients to go to bed and stay there for a week or 10 days, without any other treatment, are the ones who are now having the results of such treatment staring them in the face.

They are seeing cases of nephritis, peri- and endocarditis, tuberculosis following the socalled pneumonia of influenza, and we know not how many other sequels, all the result of the lack of commonsense or of recognition of the conditions as they really were during the acute stages of the disease.

As is so usually the case, there were certain medical editors who allowed the publication of certain things and who wrote editorials about influenza without giving any real study to the condition.

One in particular lauded aspirin to the skies during the earlier weeks of the epidemic, and we believe that that man may be debited with many of the cases of pneumonia and deaths which subsequently occurred, for this man and his associates have forever insisted that the journal of which he is the editor is the only one to be relied upon.

He has so far succeeded in this that many will give attention to no other publication, but the Western Medical Times, in spite of all the scorn heaped upon it, believed that it and a very few of its friends were right in the idea of forced elimination being the correct treatment for influenza, and it preached that idea, in time and out.

Now come the medical directors of the insurance companies and those men tell us that those influenza patients who were treated with opiates and depressants, or just a few days in bed, were improperly treated, but those whose elimination was forced to the uttermost, were the recipients of proper treatment.

These insurance men are now beginning to set the ravages, in the way of post-influenza sequels and rejections are becoming the rule, almost, rather than acceptance.

We knew we were right and now, through the findings of these insurance men, are being so proved.

Had the other journals given the same heed to the matter, as did the Western Medical Times and a few of its friends, or had those journals seen fit to abstract those remarks, then the ideas of the proper treatment of influenza might have been scattered broadcast over the land.

As it is, owing to the narrownes - we almost said pigheadedness - of one editor in particular, who does not believe (?) in giving recognition to independent journals, it is very probable that many people lost their lives through the simple fact of his inaction, or rather inattention to a commonsense something, even though that something possibly did not originate in some so-called authority, or did not see the light of day in his particular journal.

Listed as “not in practice”, of course this man had no direct cases or poor results, but he was, to a very considerable extent, blameable for those of many others.

We knew that that man was wrong and that we were right and we knew the time would come when we could say, "we told you so." - in “The Western Medical Times”, November 1919.

Alkalis in the Treatment of Influenza

"It is universally agreed that in perverted metabolism by bacterial invasion, it is the acidosis that is fatal.

When the system is saturated with alkalis, there is poor soil for bacterial growth. The baneful acids may be neutralized by harmless alkalis, and these seem to act almost specifically.

I have uniformly employed, and always with good results, potassium citrate and sodium bicarbonate saturation by mouth, bowel and skin.

For the past three weeks, in the present influenza epidemic, I have seen an average of 100 private patients daily. There have been all degrees of frequency and severity, and in some houses as many as 6 patients.

As is well known in this epidemic, there has been a very high mortality in cases occurring in pregnant women.

I have seen three instances of bronchopneumonia, or "lung patches", in pregnant women, two at term, with complete recovery.

Incidentally, I have made the use of the bed-pan imperative, and have absolutely refrained from administering any of the coal-tar series.

I explain to the afflicted persons that they must be patient, and that the fever, aches and pains are inevitable for a few days, and that they must be willing to forego the seductive relief afforded by acetylsalicylic acid (aspirin), acetanilid and other heart depressants.

I employ cold applications and the ordinary stimulation by strychnin, aromatic spirits of ammonia, digitalis, quinin, etc.

I have always withheld all depressants.

My very successful experience in this epidemic with the saturation of the system with harmless alkalis cannot be dismissed as accidental or unique." - Dr Thomas C. Ely, MD, Philadelphia, in "Alkalis in the Treatment of Influenza", JAMA, 26 October 1918.

Alkali Treatment Applied to the Acidosis of Epidemic Influenza

"Epidemic Influenza, is a concrete instance of acidosis, and given a condition of acidosis the medical treatment was elimination and the administration of the alkalies.

In the recent Influenzal Epidemic he had employed this treatment with surprisingly good results.

Reference was made to the fact that the textbooks affirm that infections from the streptococci and other pus germs and the pneumococci were always marked by pronounced acidosis, and that the present epidemic all authorities agreed that these micro-organisms were especially in evidence.

Dr Ely had had but one death which could be justly attributed to influenza. **A physician in a rural district had written him that he had given the old alkaline fever mixture, liquor potassii citratis and spiritus aetheris nitrosi, freely to every patient, and had had only 1 death, and that was directly attributable to hemorrhage from a gastric ulcer.**

Dr Andreus, a physician for a lumber camp in New Mexico, wrote that he had treated over 300 cases with only 5 deaths.

He used the alkaline treatment, and all of his cases were treated under the most unfavorable circumstances, as he "had no nurses except laborers and lumbermen, and at one time had seventeen sick patients in 5 beds."

This Dr Ely observed was in striking contrast to the high mortality often seen in urban practice with neglect of the alkalies.

In 26 cases of pneumonia, with well-marked crises, over 100 cases of lobular pneumonia, 5 pregnant women, and 11 instances of severe intestinal infections, **he attributed the large number of recoveries to the persistent use of early elimination and saturation of the system with alkaline bases, avoiding any remedies which checked secretion, as opium or belladonna, or any heart depressant, such as aspirin, or any influenza vaccine or serum.**

Reference was made to the teaching of physiology that if the alkaline reserves of the body have been withdrawn the poison acids cannot be neutralized, and that life cannot be preserved unless the bases, sodium, potassium, and calcium are supplied.

The explanation of the success of the elimination and alkaline treatment was therefore obvious.

Alonzo Taylor was quoted as saying that:

> *"If the acids were but eliminated entirely as ammonium salts, all would be well, but as they circulate they abstract from the tissues sodium, potassium, and calcium, and disturb the equilibrium of the basic elements in the tissues.* ***Obviously the correct therapeutic measure is not to administer an alkali of one type, as sodium bicarbonate, but a mixture of sodium, potassium, and calcium, in order that all these may be present in abundance in the tissues and the equilibrium of the fixed alkaline bases in the central nervous system be thus maintained."***

Since too much alkali might produce an alkalosis the limits of moderate alkaline dosage must be observed.

The technique of Dr Ely's treatment was given as follows: Immediate elimination by profuse sweating and divided doses of calomel, 1/10 grain every half hour until 1 grain or more is given.

Water exclusively was given for the first 24 or 48 hours, and water was also given freely by mouth or by bowel through the attack.

Sweating was produced preferably by drinking large bowls of hot boneset tea.

Hot mustard foot baths were always used.

At the outset and during the attack sodium bicarbonate, potassium citrate, and the calcium salts were administered, the latter in the form of lime water.

To every patient he gave a teaspoonful of sodium bicarbonate to a 500 ml of lukewarm water every 4 hours by enema.

To spare the overworked druggist Dr. Ely had given routinely the simple prescription:

Sodium bicarbonate 1/2 ounce

Peppermint water 4 ounces Teaspoonful every 2 hours.

He had employed the common cardiac and respiratory stimulants. From the beginning of the attack the patient was given orange juice and lemonade freely.

In considering the physiological action of the foregoing treatment attention was called to the fact that in man there was a continuous output of carbon dioxide through the skin and that the increased work of metabolism of the sweat glands increased the carbon dioxide.

This was a significant factor for, as observed by Brubaker, it was probably carbon dioxide, due to the absence of alkaline bases, which chiefly gave patients the dark cyanotic hue, which had given rise to the popular name the "black plague."

Serum treatment might be rational and scientific if the micro-organism causing the disease had been isolated with certainty.

All were familiar with numerous reinfections, and it might be questionable whether a passive immunity could be induced for a disease which it-self did not produce an active immunity.

The question was raised whether influenza serums and vaccines had proved to be harmless.

Appreciating the wonderful accomplishments by the bacteriologist in typhoid fever, diphtheria, tetanus, and many other diseases, the author asked whether there was not a growing tendency to give too much weight to bacteriology and serology to the exclusion of physiology, pathology, and physiological chemistry!

Dr Ely considered that the chief cause of death in this epidemic had been the overwhelming Acidosis, and the object of his treatment had been to prevent the formation of such acidosis by the administration of the essential alkalies." - Dr Thomas C. Ely, MD, in "The Medical Record", 16 August 1919.

"The use of alkalis in "colds" is probably as old as the pyramids, and is the common method employed by at least the older medical men.

Dr Ely is right, I think, in emphasizing the necessity of administering alkalis.

The influenza bacillus, like most others, does not flourish in an alkaline medium, and taking advantage of this circumstance I have been advocating the administration of sodium bicarbonate as a preventive in doses of 60 grains a day.

The immunity enjoyed by the very young and the old is probably wholly due to the secretions being usually alkaline on account of the character of their diet." - Dr Anstruther Davidson, MD, Los Angeles, in "Alkalis in the Treatment of Influenza", JAMA, 9 November 1918.

"Epidemic influenza is a concrete instance of acidosis, and although my remarks are herein directly concerned with the treatment of influenza, they are applicable to all toxic conditions in which acidosis occurs.

Having given or proved a condition of acidosis the medical treatment consists of immediate and persistent use of measures of elimination, and alkalies.

It is an established fact that acidosis is a constant factor in all the infectious fevers.

In the recent influenzal epidemic the acidosis was particularly prominent and had much to do with its extraordinary fatality.

At the onset of the epidemic, I was treating a patient with diabetic gangrene and argued that **the virulence of the epidemic was chiefly due to acidosis**; and, from the first, treating all patients with this acidosis theory in mind, I employed early systematic and persistent use of the alkalies, and free elimination of combined products, with surprisingly good results.

The textbooks affirm that infections from the streptococci and other pus germs and the pneumococci are always marked by pronounced acidosis and in the present epidemic all authorities agree that these microorganisms were especially in evidence.

The same acidosis may explain death by Nephritis.

To the claim that death was due to cardiac involvement we may reply that the heart might have been better equal to its task if the body bases had remained in normal combination.

Our aim has been to overcome acidosis and with supportive measures to allow the patient's own vital resistance to combat the invading organism." - Dr Thomas C. Ely, MD, in "Alkali Treatment Applied to the Acidosis of Epidemic Influenza", New York Medical Journal, 5 April 1919.

Influenza Remedies

"In the terrible epidemic of influenza that visited us last October and is now passing over the Western States, Homeopathy has come out with honor.

Many people are alive today because of the curative action of homeopathic remedies, carefully prescribed and conscientiously given.

Some of our physicians who have been called to attend the sick and dying in emergency cases in our hospitals have been sorely tried, yet even these have had cause to rejoice in the curative action of homeopathic medicines.

The list of remedies I used is not large.

Aconite, Bryonia, Eupatorium, Gelsemium, Lachesis, Nux vomica, Phosphorus, Sticta, Sulphur and Tartar emetic covered every case.

Of all these remedies Aconite stands out pre-eminently.

Every patient but one that received Aconite recovered, in many cases without the help of another remedy.

Next to Aconite came Bryonia, then Eupatorium, later Lachesis or Phosphorus, according to the character of the cough. A few cases needed Tartar emetic. When Bryonia did not relieve the bronchial cough Sulphur did.

For the dry, persistent, worrying cough that remained after Bryonia, Sticta was curative.

For the great weakness and exhaustion with loss of appetite Nux low worked charmingly, and in many cases completed the cure, and enabled him to return to his daily toil.

Indications for the Remedies

When the patient came in with an anxious look or when he was possessed with an indefinable fear, Aconite was thought of.

If he complained of aching all over, or was cold and chilly, when the temperature ranged from 96.3 to 97.3 degrees, and he could not get warm, Aconite low was sure to help him.

If he or she had a dusky color in the face, particularly in the forehead between the eyes, when the hands were cold and the chill ran up his back to the head, when the lower part of the face was cold but the forehead was warm, Aconite was surely indicated.

At first I prescribed the 30th potency, but soon found the third potency worked quicker, and later on I gave the first dilution in nearly every case.

My rule was to give a dose every half hour till sweat came, then every hour till the aching entirely ceased.

Under this procedure my cases recovered; in many eases Aconite alone completed the cure.

If the aching was only in the back, if he complained that his back felt as if it would break; if every bone in his body was breaking, Eupatorium perforiatum, the old-fashioned boneset, was the remedy.

Many physicians used this drug in the tincture but Boericke & Tafel's thirtieth potency cured all my cases, relieving them in from 6 to 18 hours. Most of my patients complained only of the terrible backache, but 2 or 3 of them had the broken bone feeling so typical of this drug.

Gelsemium was helpful when the patient sneezed a good deal with running of the nose.

One peculiar symptom which I observed many times, and which I had myself one day, was a severe pain in the occiput, worse in the lateral lobes of the cerebellum.

Walking was painful, riding in a carriage aggravated the pain, but pressure on the lobes relieved the pain as long as the pressure was applied. All en in his Encyclopredia of Materia Medica gives a part of this symptom under Gelsemium. If the patient was drowsy or had pain in the occiput or pain in the liver with slow pulse, all the more surely was Gelsemium indicated.

The thirtieth potency cured my cases.

Bryonia was helpful for the bronchial cough which set in the second or third day. Every time he coughed he had a pain from the bifurcation of the bronchia half way down the sternum; a splitting painful cough.

If he kept quiet in bed and warm, this cough was somewhat relieved. When the patient felt better from resting or from keeping quiet, Bryonia was all the more indicated.

I got the best results from the third potency.

When the cough was more in the throat, with or without constant tickling, or if he complained more of the throat than anywhere else, it was so sore and hurt so much when he coughed, Lachesis was the remedy. The thirtieth potency cured my cases.

When the cough woke the patient up, or when he coughed more after waking, just as soon as he woke, was another indication for Lachesis.

Some of these coughs persisted for days, but Lachesis eventually cured them.

When the lungs were involved-in most of my cases the lower lobe of the left lung was the part affected-when they were sore on the chest from coughing, when the sputum was whitish, or whitish-yellowish, sometimes sanguineous, Phosphorus was the remedy, and I invariably used the thirtieth potency.

In one case when the patient took home remedies for three or four days, and then against his wife's pleadings went to work one cold day, he soon returned chilled through.

Pneumonia set in, and when I was called late that night he was a very sick man. But sick as he was he would not go to bed, but sat up in a rocking chair alongside a window. I begged him to go to bed, but he had his own way, and in two days his heart gave out, and in a little while he was gone.

This was my first fatality, and this case should have gotten well. After that every patient I visited went to bed and stayed there till I allowed them to sit up.

In one office case I prescribed for through her sister the patient positively refused to go to bed. After getting all her symptoms I ordered her sister to put her to bed.

She said the sick woman had a mind of her own and would not go to bed.

Then I gave the sister the medicine the patient needed and told her to go home and tell the sick woman to go to bed and stay there, but if she wouldn't do as I advised, to pick out the undertaker she wished to lay her out. It was rather an unfeeling message, but some people need plain talk to save them from their own wilfulness.

The message was delivered, the patient went to bed, took the Aconite I had sent her, and made a good recovery.

In one case of lobar pneumonia where the cough was very persistent and wearing the patient out, Sticta 30, in water, every hour, gave prompt relief and hastened her recovery.

Sticta cured a cough for me which kept me awake at night when I wished to sleep. In 2 or 3 cases of catarrhal pneumonia with much rattling of mucus in the lungs, Tartar emetic served me well. In one case in which I had Dr Quint for a consultant, he gave the first trituration, but the relief was not as prompt from the crude drug as when I gave it in the thirtieth potency. But I must thank Dr Quint for suggesting Aconite very low in these cases of influenza.

Tartar emetic has saved many pneumonia cases in this epidemic. In some cases when Bryonia failed to relieve the bronchial cough and when the patient stated every time he coughed he thought his breast bone would split open, Sulphur relieved the cough and hastened the cure.

When the patient complained of being so tired and weary, with a troublesome cough, yet did not want to keep still, Sulphur was better than Bryonia and brought about a speedy recovery. In tedious cases where the patients were slow in recovering their strength, Nux vomica helped me very much. Nux took away the bad taste so many had and helped them to regain their appetites. It helped to take away the tired feeling so many patients had in their feet when they started to get around. Honestly, I used more Nux 1st in this epidemic than in my entire practice for 50 years.

It is a good thing to know when a low potency is indicated, and as I am called a high potency man, it is but fair to say that Aconite and Nux in the first potency, and Bryonia in the third, have helped me to cure many eases of ″flu″ quicker than the high potencies would have done. In this epidemic, more than any other I have seen in a long and eventful practice, absolute rest was essential to complete recovery. So with your permission I will add REST to my list of remedies.″- Dr Wallace Mc George, MD, New Jersey, in “The North America Journal of Homeopathy”, 1919.

Had Statistics Previous to the Epidemic Justified the Monopoly which Medical Men had in caring for the Health of the Army

"It was seen that the average death rate 9.1% for the whole army is higher than that of New York 5.5%, St. Louis 5.5%, Pittsburgh 6.2%, Chicago 5.2%. **The death rates in the different camps show wide variation.** In 3 National Guard Camps it was between 23% and 29%; (5 camps showed a rate under 5%). There is no reason for believing that either morbidity or mortality in any camp has been due to faulty sanitation, as we usually understand this term. All the camps are kept clean, have unquestioned water supplies, satisfactory garbage and sewage removal, etc. **The Acute Respiratory Disease have caused an excessive death rate in the Army compared with that due to the same causes in civil life."** - Dr V. C. Vaughan, MD, Dr G. T. Palmer, MD, Washington, DC, in Review of article, "Communicable Diseases in National Guard and National Army of United States during Six Months from September 29, 1917, to March 29, 1918", JAMA, 12 October 1918.

> ***"From the statistics so far available, the death rate in the military camps is higher than among the civil population, even in similar age groups. The mortality in New York and Chicago, for instance, shows that the death rate in the Army is more than double that of the civil population of the same age group.*** *There is also the possibility that when allowances are made for the fact that defectives have been eliminated from the Army, and that these poor 'risks' swell the civil death list, the corrected margin will be still further increased in favor of the civil population." - Dr Heiser, MD, New York, in "JAMA", 7 December 1918.*

Vaccines Given to Soldiers

"Influenza tended to select newly drafted men, and was twice as common in men who had been in the camp less than one month as in those of longer residence.

The incidence of pneumonia among newly drafted men was even higher." - Lieut. Col. Opie, et al M.C., US Army, Camp Pike, Little Rock, Arkansas, in "JAMA", 22 February 1919.

> ***"Of the camp's population 33,044, 15,493, 46.8% were men who had been inducted into service within the previous month. This group of men contributed 2,944, 69% of the first 4,269 cases occurring in the camp. That is 2/3 of this group of cases occurred*** *from a group of men comprising less than half the camp's population." - Major Friedlander, et al, M.C., US Army, Camp Sherman, Ohio, JAMA, 16 November 1918.*

Is "Spanish" Flu Something New?

"The epidemic of influenza now sweeping over the country — a part of the pandemic with the craze for weird **nomenclature accompanying war,** now covering the world conditions, has been labelled 'Spanish Influenza'.

This, however, should not cause any greater importance to be attached to it, nor **arouse any greater fear, than would influenza without the new name.**

This epidemic is, of course, modified as to its epidemiology by the fact that large numbers of the most healthful portion of our population have been segregated in military and naval camps.

It is needless and too early to discuss here the exact identity of the infectious agent.

Few physicians will attempt to treat the condition with any special reference to its bacteriologic cause." - Editorial in "JAMA", 28 September 1918.

In spite of serums, vaccines and compulsory medical treatment the army death rate was nearly 3 times the civilian rate.

All Is Not Flu That Frightens

"There is no known laboratory method by which an attack of influenza can be differentiated from an ordinary Cold or Bronchitis, or other inflammation of the mucous membranes of the nose, pharynx or throat." - in "Report of a Special Committee of the American Public Health Association", JAMA, 21 December 1918.

The Cause of Flu - 1918

"It is sufficient to state that Bacillus influenzae of Pfeiffer has been established as the aetiologic factor in this epidemic." *- Major Spooner, Major Sellards, Capt. Wyman, M.C., US Army, in "JAMA", 19 October 1918.*

"Bacillus influenzae played no role in the epidemic at Camp Grant." *- Capt. Hirsch, M.C., US Army, Marion McKinney, Chief Technician Camp Grant, Rockford, Illinois, in "JAMA", 23 November 1918.*

"There seems to be no justification for the belief that the epidemic was due to the influenza bacillus." *- Dr Lord, MD, Dr Scott, MD, Dr Nye, MD, in "JAMA", 18 January 1919.*

Can a Person have Germs and be Healthy?

"Examination of the mouths of healthy men in the camp for pneumococci has shown types usually present in the mouth, in 61.2%, of those examined.

Bacillus influenzae has been found in the mouths of 35.1%, of the healthy men examined at Camp Funston." - 5 officers, M.C., US Army, in "JAMA", 11 January 1919.

> *"The influenza bacillus is part of the flora of the normal respiratory tract, investigations previous to the recent epidemic having shown it to be present in from 10% to 19%.*
> *It is a common invader of the normal respiratory tract and may be found in a considerable proportion of cases of pulmonary tuberculosis and the contagious diseases of childhood." - Dr Lord, MD, Dr Scott, MD, Dr Nye, MD, Boston, in "JAMA", 18 January 1919.*

Do Masks Keep Out Germ or Prevent Influenza?

"In view of this universal prevalence of the infection, quarantine was necessarily used during this pandemic, wearing of face masks had no greater prophylactic effect than the liberal consumption of whisky that was indulged in by some for this purpose, or the traditional camphor bags that were found handing about the necks of so many children sick with influenza.

That face masks were useless in protecting one against the infection was shown by the fact that nurses, who of all people were especially given to wearing them, were notoriously prone to become victims of the infection." - Dr Fantus, MD, Assoc. Professor of Therapeutics, Rush Medical College, Chicago, in "JAMA", 23 November 1918.

> *"Masks of coarse or medium gauze of from 2 to 10 layers do not prevent the protection of infected material from the mouth during coughing. Such masks are worthless, therefore, in preventing the dissemination of respiratory infections." - Capt. Doust, Lieut. Lyon, Medical Corps, US Army, in "JAMA", 12 October 1918.*

"The Evidence before the committee as to beneficial results consequent on the enforced wearing of masks by the entire population at all times was contradictory, and it has not encouraged the committee to suggest the general adoption of the practice." - in "Report of special influenza investigating committee of Am. Public Health Association", JAMA, 21December 1918.

Yet thousands of people were compelled by health boards to wear gauze masks, cutting off fresh air and thus impairing their natural forces of defence, most of them weeks after the above article was published, describing conclusive experiments.

Did the health Officers merely want to show their authority, and prove they were the bosses.

It Has Been Proven that Influenza is Not Transmitted from Person to Person

"Two extensive attempts have been made under the auspices of the US Public Health Service and the US Navy — one at Boston and one at San Francisco — to transmit influenza experimentally, 68 men from the naval detention camp at Deer Island volunteered for the experiment at Boston. Inoculations were made of pure cultures of the influenza bacillus, of secretions from the upper air passages of persons in the early stage of influenza, and of blood from typical cases of influenza.

Suspensions of freshly isolated bacilli were introduced into the men.

Both filtered and unfiltered secretions from the air passages of typical cases of influenza in the active stages of the disease were inoculated by means of spraying and swabbing of the nose and throat.

Volunteers were placed in very close association lot a few minutes with each of ten selected influenza patients, who were instructed to cough directly into their faces.

Filtered secretions and the blood from influenza patients were injected subcutaneously into a group of volunteers.

In San Francisco, also suspensions of influenzal bacilli were introduced into the nose.

Filtered emulsion was dropped into the eye and injected subcutaneously.

Blood taken during the active stages of influenza was injected subcutaneously.

Not one of the many volunteers in these 2 series of experiments developed influenza.

That so many attempts to transmit influenza should fail is a great surprise and disappointment, it is certain that the cause of influenza remains a mystery to be solved only by continued experiment." - in "Current Comment, editorial referring to Public Health Report 34:33, 10 January 1919", JAMA, 25 January 1919.

Do Vaccines Prevent or Serums Cure Influenza?

"The evidence at hand affords no trustworthy basis for regarding prophylactic vaccination against influenza as of value in preventing the spread of the disease, or of reducing its severity.

The evidence at hand convinces the board that the vaccines we have considered have no specific value in the treatment of influenza." - in "Editorial section quotation from report of special investigating committee appointed in Massachusetts to consider influenza vaccines", JAMA, 17 October 1918.

"The main point to keep always in sight is that unfortunately we as yet have no specific or other specific means for the cure of influenza, and no specific vaccine or vaccines the fact, all claims and propagandist statements in the for its prevention. Such is the fact, all claims and propaganda statements in the newspapers and elsewhere to the contrary notwithstanding. How slender the basis for this anti-influenzal vaccination when it is considered that the real nature of influenza is still unknown." *- in "Editorial", JAMA, 26 October 1918.*

***"Prophylactic vaccination is as yet of unknown value.
We know of at least 3 instances in which 3 doses of a vaccine had been given and influenza subsequently developed, and of over 20 instances in which 1 or 2 doses had been given, followed later by typical attacks of Influenza and Pneumonia."*** *- Dr Strouse, MD, Dr Bloch, MD, Chicago, in "JAMA", 9 November 1918.*

Medical Trade Doctors in a state institution experimented with the mixed vaccine furnished by the Chicago Health department, vaccinating every other patient, and keeping a record of results.

Those persons who were not vaccinated are referred to as "controls."

Incidence of Influenza and Pneumonia in the Vaccinated and Controls

	Vaccinated	**Not Vaccinated**
"Persons in group	390	390
Number developing influenza	119	103
Number developing pneumonia	23	17
Deaths	10	7

"It appears clear from the evidence afforded by these observations that no protection was afforded by the vaccine." *- Dr McCoy, MD, Dr Murray, MD, Dr Teeter, MD, in "JAMA", 14 December 1918.*

"In relation to the use of vaccines for the prevention o influenza, the evidence that has come to the attention of the committee as to the success or lack of success of the practice is contradictory and irreconcilable. In view of the fact that the causative organism is unknown, there is no scientific basis for the use of any particular vaccine against the primary disease, if used, any vaccines must be employed on the chance that it be a a relation to the unknown organism causing the disease." *- in "Report of special investigating commit tee of American Public Health Association", JAMA, 25 November 1918.*

"Prophylactic Inoculation Against Influenza.
Any one familiar with the history of the numerous attempts made in the past 20 years to use specific and nonspecific serums and vaccines knows of the countless wrecks of well meant endeavour and patient industry that lie high, dry and forgotten on the rocks of fact." *- in "Editorial", JAMA, 4 January 1919.*

"Everyone appreciated that in those dying, failure to continue life must be attributed to the exhaustion of the cardiovascular system. The cyanosis, the pulmonary edema, were all evidence that the toxins were destroying the one vital function, the circulation." *- Dr Keeton, MD, Dr Cushman, MD, resident staff of Cook County Hospital, Chicago, in "JAMA, 14 December 1918.*

"In the cases of secondary Pneumonia, many of which result fatally, the chief conditions to be combated are the severe Toxemia and the vasomotor depression."** - in **"Epidemic Influenza", JAMA, 5 October 1918.

Influenza Prescriptions by the Medical Trade

"The health department of Chicago has completed a survey of drug stores which has shown that during the height of the influenza epidemic, physicians made widespread use of medicine containing habit-forming drugs. Between 1 October and 1 November 1918, the survey shows that 741,825 prescriptions had been filled in 946 drug stores in Chicago. **Of these 441,641 were for Influenza and Pneumonia, and of the latter 104,010 were found to contain narcotics,** either opium, opium derivatives, cocain or chloral." - in "Journal of the American Medical Association", 18 January 1919.

"Colds and their sequelae including: Rhinitis, Pharyngitis, Laryngitis, Bronchitis, la Grippe, Influenza, and Pneumonia are not infectious, as we generally consider a disease to be infectious, but are due to a disturbance of the alkaline reserve or balance (acid-base equilibrium).

The more severe the degree of disturbance, the more serious the disease.

Conditions capable of producing a mild acidosis or disturbing the "buffer" action of the blood plasma, are contributing factors in producing a cold:

1. Poorly balanced diet,
2. Lack of exercise,
3. Fatigue,
4. Constipation,
5. Infections anywhere in the body.

Colds can be prevented by maintaining the alkaline balance through proper diet, exercise, and the careful use of Sodium Bicarbonate or alkaline waters.

Colds can be aborted by administering sodium bicarbonate in doses large enough to thoroughly alkalinize the system together with small doses of calcidin or iodine and calcium.

Colds can be cured by the administration of the same drugs in smaller and frequently repeated doses." - Dr Volney S. Cheney, MD, Fellow APHA, Medical Director, Armour and Co., Chicago, in "The Common Cold" Etiology, Prevention and Treatment", The American Journal Of Public Health And The Nations Health, 1928.

> ***"The degree of the Toxaemia depends upon the success with which the inflammatory reaction is dealing with the infection and also upon the type and the virulence of the Bacteria. A mild Toxaemia causes a rise in body temperature and an increased pulse rate together with the subjective symptoms of feeling off colour, loss of appetite (anorexia) and sometimes headache."*** *- in "The Surgery of Childhood for Nurses", 1974.*

Clinical Observations in Various Diseases: Pneumonia

"It has been thought that an acidosis may account for some of the symptoms in certain cases.

What is the cause of the increased respiration rate?

Two points of view must be considered:

1. Is the respiratory centre stimulated to increased activity through lack of oxygen?

If this is so, the increased efforts to obtain more oxygen will automatically wash out excess of CO2, provided there is not an increased production of CO2.

If the rapid breathing is maintained, a state of alkalosis will set in due to anoxaemia and to loss of too much CO2 in the effort to obtain a sufficient oxygen supply.

2. Is the respiratory centre stimulated to increased activity through excess of acid, in other words, CO2?

Consider the chemical physiology of lobar pneumonia:

1) There is a decreased general metabolism with an increased katabolism — a tendency to the formation of acid intermediary products through incomplete oxidation;

2) There is pyrexia, with which is associated a lowered blood pressure, and a cloudy swelling of parenchymatous cells, involving, among other structures, the kidneys and impairing their function, as demonstrated by oliguria or by the appearance of febrile albuminuria, and favouring the accumulation of acid;

3) There is the local production of acid toxin by the bacteria themselves. It will be seen, therefore, that there is some complication in deciding as to whether an excess of acids or a lack of oxygen is the stimulus to the respiratory centre, or whether there is a combination of the two.

If lack of oxygen is the stimulus, then alkali therapy would be harmful, whereas if excess of acid is the stimulus alkalies would be beneficial.

One may provisionally believe that excess of acid is, the first stimulus, and that there is a severe alkalipenia or a mild acidosis.

If the condition becomes worse, and the respiration rate becomes so rapid —i.e., above 50 and correspondingly shallow — that a state of anoxaemia sets in, this will lead towards an alkalosis.

Clinical deductions from this are that alkalies are beneficial up to a certain point, and are dangerous when the rapid shallow breathing occurs, due to anoxaemia.

It was decided to carry out tolerance tests in cases of pneumonia, especially as Vivaldi, Weauer, and Marcialis had all obtained excellent results in the treatment of pneumonia with sodium citrate in 15 gr. doses, 2-hourly, day and night, which acted, they state,

1. by decreasing the coagulability of the blood and thus aiding the re-establishment of the cardio-pulmonary circulation, and
2. by maintaining the alkalinity of the blood.

I see that Means and Barach (Journal of the American Medical Association, 15 October 1921) report favourable results from the administration of Sodium Bicarbonate in conjunction with Oxygen, supplemented by specific therapy in cases of Pneumonia.

Conclusions

The term acidosis should be restricted to those states in which there is almost an exhaustion of the body alkali reserve, as manifested by the onset of hyperpnoea.

Owing to the advent of a multitude of synthetic drugs, the treatment in modern medicine is tending to become too symptomatic.

It would appear that in bacterial invasion and in certain metabolic disorders there is an underlying state of

alkalipenia, and in correcting this by the administration of a substance which should be regarded as a natural constituent of the blood and tissue cells rather than a drug, we are neutralising the acid toxin which is hampering and delaying the full force of the antibody mechanism.

With regard to the 2-hourly doses in the tolerance test, that is a matter of opinion, but personally, and especially in acute infections.

I am greatly in favour of procuring alkalisation as expeditiously as possible, to prevent the toxins producing a parenchymatous degeneration of those endocrine glands which are so important in the regulation of metabolism and in detoxication." - Dr A. D. Symons, MD, in "Alkalipenia", The Lancet, 1 April 1922.

N-acetylcysteine (NAC) in the Treatment of Influenza

"Acetylcysteine, also known as N-acetylcysteine (NAC) was introduced in the 1960s as a mucolytic drug, due to its ability to cleave disulphide bridges in mucous protein complexes and, thus, depolymerize mucin molecules.

Subsequently, it was discovered that NAC is an effective antioxidant and enriches the intracellular sulphydryl pool, acting as a precursor of reduced glutathione (GSH), which provides the organism with crucial defence mechanisms towards toxic agents of various nature.

Severity of Influenza-like Clinical Cases

Of the 99 influenza-like episodes occurring in 62 subjects within the placebo group, 47 (48%) were classified as mild, 46 (47%) as moderate, and 6 (6%) as severe, according to the criteria reported in "Materials and methods".

Of the 46 influenza-like episodes occurring in 37 subjects within the NAC group, 33 (72%) were classified as mild, 12 (26%) as moderate, and 1 (2%) as severe.

As assessed by $\chi 2$ analysis, the frequency of mild forms was higher in the NAC group than in the placebo group.

When computing the number of episodes with more specific influenza-like symptoms, it was evident that treatment with NAC had a marked and significant protective effect both towards local symptoms, such as coryza, rhinorrhoea, sore throat, catarrh and cough, and general symptoms, especially headache and myalgia-arthralgia.

An additional criterion for evaluating the severity of influenza-like episodes was the length of time in bed which, irrespective of the age of patients, was remarkably shorter in NAC - treated subjects." - in "Attenuation of influenza-like symptomatology and improvement of cell-mediated immunity with long-term N-acetylcysteine treatment", European Respiratory Journal, 1997.

N-acetylcysteine (NAC) in the Treatment of "Covid-19"

"This retrospective, two-centre cohort study included consecutive patients hospitalised with moderate or severe COVID-19 Pneumonia.

A total of 82 patients were included, 42 in the NAC group and 40 in the control group.

Conclusion: Oral NAC administration (1200 mg/d) in patients with COVID-19 pneumonia reduces the risk for mechanical ventilation and mortality." - in "N-acetyl-cysteine reduces the risk for mechanical ventilation and mortality in patients with COVID-19 pneumonia: a two-center retrospective cohort study", Infectious Diseases (London), November 2021.

"Symptoms:

Prostration — This was one of the earliest, as well as one of the most constant, symptoms. Frequently extreme, it varied much in its severity and in its duration; but it was characteristic of many cases that the muscular weakness persisted long after the temperature had become normal and all the other symptoms had disappeared.

Respiratory Symptoms — There is general agreement that cough was present at some time in almost all cases, even in most of those classed as uncomplicated.

During the early part of the illness it was usually of a hard, dry, racking character, with little or no expectoration, and was commonly associated with a feeling of retrosternal soreness or pain.

During the later days of the attack it usually became looser and was accompanied by sputum and by the physical signs of tracheitis or bronchitis.

Examples of the so-called cerebral and Castro-intestinal types of influenza, concerning which much was said and written in the earlier epidemic, have been so rare in the present one as to raise a question as to the propriety of such a classification.

In the present epidemic there has been, for all practical purposes, only a single type—the respiratory." - in " The symptomatology and complications of influenza", JAMA, 2 August 1919.

If you have read Volume 1, 2 & 3 of this series "Covid-19 The UN-Told Story", you should know that World War I ended on the 11 November 1918.

Those who died were in their majority men who either went to the front lines of World War I (where mustard gas and other chemical weapons where first used), or they worked at the heavy industrial factories supporting the war effort.

In other words these (mainly) young men had their lungs in a very bad state. And the Medical Trade recommended treatment was giving them Aspirin, which further inflicted damaged in the lungs, these mainly young men could not bread, and the Medical Trade would finish them off; by collapsing their lungs by means of prescribed Toxic Medical Trade Pharmaceuticals.

In this case Aspirin was recommended and prescribed in such high dosages, that not only damaged their lungs, but those treated by the Medical Trade in such manner, were dying with the well known symptoms of Aspirin Poisoning.

The Role of Season in the Epidemiology of Influenza

"Four types of observations have been used to illustrate the Seasonal of Epidemic Influenza:

1. The experience of a small population consecutive years 1946-74,
2. World influenza outbreaks 1964-75 the World Health Organization,
3. The experience of two widely localities at about the same latitude, 1969-74,
4. The experience of at latitudes 30+ on opposite sides of the Equator.

Epidemic influenza appears to follow each year a path that parallels that of maximum solar radiation, lagging 6 months behind.

Influenza epidemics occur all over the inhabited globe.

The ubiquity of influenza is evidence that the influence of season cannot be operating by means of any mediating mechanisms that have a limited geographical distribution such as plants, arthropods, climates, ethnic factors, social behaviour or seasonal temperature changes.

Latitude alone broadly determines the timing of epidemics in the annual cycle." - in "The Role of Season in the Epidemiology of Influenza", The Journal of Hygiene, February 1981.

The "New" Long Covid Farce

"Respiratory Diseases - Insurance statistics show an increased mortality of 40% above the normal death rate for the 5 years **following an influenza epidemic. Chronic invalidism is a frequent sequel of this disease."** - in "The Clinic", January 1920.

The Clown Virus of Influenza

Here, time permitting I will include the farcical story of the finding of the Spanish Flu "Virus", taken from frozen cadavers in Alaska, by the CDC (of-course).

It is important to understand that the Flu has more than one causing factor, several factors at least 5 factors are mentioned in the Book Emunctology.

Taking this into consideration, it along with the information that at least 700 types of bacteria can turn Flu into Pneumonia, it is clear to see that to use "vaccines" for 1 "virus", or even 1 bacteria wont "per se" solve the problem of seasonal Flu.

Each individual must realize the state of his health and his eating habits and food choices.

The Business of So-Called Science is to Predict

"It predicts, in spite of its name, everything which might be in the least called scientific, for it blunders along, in its phantastic therapeutic theory without one iota of reason. About the only thing it really does predict, is providing the world is well filled with fools, that it will get their money." - in "The Western Medical Times", October 1919.

The Crime of Professional Ignorance

"What excuse is there for 75% of the dominant body continuing such a deadly course of practice, when at least 25% of the profession adopt a course of treatment of Pneumonia, which at the very highest, has a mortality of 8% or 10%, simply because the minority opinion is not expressed by those who belong to the majority body.

The above statements apply as well to Epidemic Influenza at the present time.

Very many Homeopathic and Eclectic physicians have not lost any cases of influenza, and those cases that developed pneumonia symptoms, presented that serious condition in a much milder form, and were found to be more readily cured than those in which serums and antitoxins were prescribed.

When we get down to the bottom of the matter, the sole cause of the lack of success in the Practice of Medicine at the present day, when it exists, is due to nothing but ignorance of Therapeutics, which on its part, is based upon the most unjustifiable unreasoning and actually criminal prejudice.

Who is going to answer for the crimes that are resulting from this ignorance!" - Dr Finley Ellingwood, MD, President of the National Eclectic Society, in "Ellingwood's Therapeutist", 1919.

The Medical Trade Record in the Flu Epidemic Should Be Its Death Warrant

"The Herald of Health and Naturopath of N.Y., February, 1919, **"Allopathy's Record in the "Flu" Epidemic Should Be Its Death Warrant". The war gave Medicine its greatest opportunity to exercise autocratic power.**

It made good use of the opportunity and the results are only too plainly evident. But the war is over, or let us hope it is, and conditions should shortly return to a peace bass, which, so far as we are concerned, **means a of the old contest between drug therapy and natural treatment.**

The crime committed by organized Medicine to a crime against humanity.

Their persecution of natural therapists, their persistent efforts to deprive the people of sane, rational treatment are evidences of the contempt in which they hold our Constitution and the basic ideas on which our country was founded. **If organized Medicine defies our Constitution, who can blame the drugless practitioner tor ignoring the puny, unnecessary laws known in each State as "Medical Practice Acta".** One of my saddest realizations came when I found that people could be arrested, fined and imprisoned in free America for doing good.

I said:

"They can't do that; these people are violating no law; they do not even pretend to practice medicine."

And the answer came:

"But, whether they can or not, they are doing it?"

That was 14 years ago, and they are still doing it.

Medical practice acts will become obsolete when sufficient disrespect is shown for them by practitioners and the public to make them unpopular." - in "The North American Journal of Homeopathy", 1919.

Effect of Smoke on Pneumonia

“The smoke nuisance is truly a modern plague.

There is not a city in the country that has the smoke nuisance in an acute form, that is not aroused to the seriousness of the problem.

Dr White’s studies along this line, however, led him to declare, that, from his study of **the air content of Pittsburgh as a factor in the causation of disease**, that **smoke has an important bearing on the Pneumonia death rate.**

Dr White is in favour of a popular crusade for the prevention of Pneumonia similar to that which has been waged against tuberculosis.

Of course, in such a campaign serious attention would be given to the smoke problem.

Dr Louis Ascher of Konigsburg, who has made an extensive study of the effect of smoke and dust on disease, maintains that, in Germany, a smoky atmosphere is responsible for the increased mortality from lung diseases other than tuberculosis.

He holds that not only is this increase taking place, but that persons who are the subjects of pulmonary tuberculosis die in smoke-laden districts more rapidly than those persons similarly affected, but living elsewhere.

Of the fact that carbon makes its way into the lungs of those who live in a smoky city, there is no doubt.

According to Lehmann, while the sulphur dioxide contained in the soot is absorbed by the nasal mucous membrane, **the particles of carbon are carried further into the respiratory passages.**

Finally reaching the lungs, they are deposited there, having, meanwhile, in their descent, given up to the bronchial mucous membrane and the lining membrane of the lungs some of the acids they retained.

Carbon floating in the, air seldom, if ever, carries bacteria.” - in “The Smoke Nuisance”, 1913.

Chapter 7

The Never-ending List of Forced Vaccines

"The Medical Trade Late 1940s Recommended Vaccines

Smallpox, Diphtheria*, Tetanus*, Pertussis*
(* Given in combination as DTP)
The polio vaccine
The polio vaccine was licensed in 1955.

The Medical Trade Late 1950s Recommended Vaccines

Smallpox, Diphtheria*, Tetanus*, Pertussis*, Polio (IPV)
(* Given in combination as DTP)

More vaccines followed in the 1960s — measles, mumps and rubella

In 1963, the measles vaccine was developed, and by the late 1960s, vaccines were also available to protect against mumps (1967) and rubella (1969). These 3 vaccines were combined into the MMR vaccine.

Late 1960s Recommended Vaccines

Smallpox, Diphtheria*, Tetanus*, Pertussis*, Polio (OPV), Measles, Mumps, Rubella

Late 1970s Recommended Vaccines

Diphtheria*, Tetanus*, Pertussis*, Polio (OPV), Measles**, Mumps**, Rubella** (* Given in combination as DTP)
(** Given in combination as MMR)

Vaccine development in the 1980s — hepatitis B and Haemophilus influenzae type b

The vaccine for Haemophilus influenzae type b was placed on the recommended schedule in 1989.

The hepatitis B vaccine was not new, as it had been licensed in 1981 and recommended for high-risk groups such as infants whose mothers were hepatitis B surface antigen positive, healthcare workers, intravenous drug users, homosexual men and people with multiple sexual partners.

However, immunization of these groups didn't effectively stop transmission of hepatitis B virus.

1985 - 1994 Medical Trade Recommended Vaccines

Diphtheria*, Tetanus*, Pertussis*, Measles**, Mumps**, Rubella**, Polio (OPV), Hib

1994 - 1995 Medical Trade Recommended Vaccines

Diphtheria*, Tetanus*, Pertussis*, Measles**, Mumps**, Rubella**, Polio (OPV), Hib, Hepatitis B

(* Given in combination as DTP)

(** Given in combination as MMR)

Annual updates to the immunization schedule — 1995 to 2010

New vaccines were also added.

Changes to the schedule between 1995 and 2010 included:

- New vaccines: Varicella (chickenpox - 1996), rotavirus (1998-1999; 2006, 2008); hepatitis A (2000); pneumococcal vaccine (2001)
- Additional recommendations for existing vaccines: influenza (2002); hepatitis A (2006)
- New versions of existing vaccines: acellular pertussis vaccine (DTaP ,1997); intranasal influenza (2004)
- Discontinuation of vaccine: Oral polio vaccine (2000)

2000 Medical Trade Recommended Vaccines

Diphtheria*, Tetanus*, Pertussis*, Measles**, Mumps**, Rubella**, Polio (IPV), Hib, Hepatitis B, Varicella, Hepatitis A

2005 Recommended Vaccines

Diphtheria*, Tetanus*, Pertussis*, Measles**, Mumps**, Rubella**, Polio (IPV), Hib, Hepatitis B, Varicella, Hepatitis A, Pneumococcal, Influenza

2010 Recommended Vaccines

Diphtheria*, Tetanus*, Pertussis*, Measles**, Mumps**, Rubella**, Polio (IPV), Hib, Hepatitis B, Varicella, Hepatitis A, Pneumococcal, Influenza, Rotavirus
(* Given in combination as DTaP)
(** Given in combination as MMR)

The Medical Trade Vaccine Schedule from 2011 to 2022

The schedules are reviewed by committees of experts from the Centers for Disease Control and Prevention (CDC), American Academy of Pediatrics, American Academy of Family Physicians.

Important changes to the schedule:

- New vaccines: meningococcal serogroup B vaccine (2014)
- Additional recommendations for existing vaccines: HPV (2011 to routinely vaccinate males), intranasal influenza vaccine (2018 again recommended)
- Discontinuation of vaccine: intranasal influenza vaccine (2016)

2020 Medical Trade Recommended Vaccines

Diphtheria*, Tetanus*, Pertussis*, Measles**, Mumps**, Rubella**, Polio (IPV), Hib, Hepatitis B, Varicella, Hepatitis A, Pneumococcal, Influenza, Rotavirus

(* Given in combination as DTaP)

(** Given in combination as MMR)

Combination Vaccines

In the early 1950s, 4 vaccines were available: diphtheria, tetanus, pertussis and smallpox. Because 3 of these vaccines were combined into a single shot (DTP), children received 5 shots by the time they were 2 years old and not more than one shot at a single visit.

By the mid-1980s, 7 vaccines were available: diphtheria, tetanus, pertussis, measles,mumps, rubella and polio.

Because 6 of these vaccines were combined into 2 shots (DTP and MMR), and one, the polio vaccine, was given by mouth, children received 5 shots by the time they were 2 years old and not more than one shot at a single visit.

Since the mid-1980s, many vaccines have been added to the schedule.

The result is that the vaccine schedule has become more complicated than it once was, and children are receiving far more shots than before.

Today children can receive as many as 27 shots by 2 years of age and up to 6 shots in a single visit.

Combinations of vaccines are now available:

Diphtheria, tetanus and acellular pertussis

Diphtheria, tetanus, acellular pertussis, and inactivated polio

Diphtheria, tetanus, acellular pertussis, inactivated polio and hepatitis B

Diphtheria, tetanus, acellular pertussis, inactivated polio and Haemophilus influenzae type b

Diphtheria, Tetanus, acellular pertussis, inactivated polio, Haemophilus influenzae type b, and hepatitis B

Measles, Mumps and Rubella

Measles, Mumps, Rubella, and Varicella

Hepatitis A and Hepatitis B (only for those 18 years of age and older)

2000 Recommended Combination Vaccines

Td

Catch-up: MMR, Hepatitis B, Varicella

Sub-groups: Hepatitis A

2005 Recommended Combination Vaccines

Tdap

Catch-up: MMR, Hepatitis B, Varicella

Sub-groups: Hepatitis A, Pneumococcus, Influenza

2010 Recommended Combination Vaccines

Tdap, HPV, Meningococcal conjugate (serogroups A,C,W,Y), Influenza

Catch-up: MMR, Hepatitis B, Varicella, Polio

Sub-groups: Hepatitis A, Pneumococcus

2020 Recommended Combination Vaccines

Tdap, HPV, Meningococcal conjugate (serogroups A,C,W,Y), Influenza, Meningococcal serogroup B

Catch-up: MMR, Hepatitis B, Varicella, Polio

Sub-groups: Hepatitis A, Pneumococcus

Vaccines for Adults — Increasing “Opportunities for Health”

Historically, vaccines were deemed to be “only for children.” However, vaccines for adults are becoming increasingly common.” - in “Children's Hospital of Philadelphia”, 30 July 2022.

> ***"Brain function, especially in children, is often evaluated by intelligence tests resulting in an Intelligence Quotient (IQ). IQ scores, after having increased for most of the 20th century, have been going down since the mid-1990s. The decline is well documented across Europe, the U.S. and Australia."*** *- in "Op-ed: Are we getting dumber? Endocrine-disrupting chemicals are an assault on children's developing brains", Environmental Health News, 21 July 2022.*

The Entry of Bill Gates in the Vaccine Arena - 2002

"The Bill and Melinda Gates Foundation has purchased shares in 9 big pharmaceutical companies valued at nearly $205 Million - an investment likely to attract attention more for its symbolism than its size.

Chairman Bill Gates and his wife, already is a major force in international health issues, contributing $555 Million in 2000 alone to Global Health Programs. At times, it has assumed the role of a broker between poor nations and drug companies." - in "Gates Foundation Buys Stakes in Drug Makers", The Wall Street Journal, 17 May 2002.

Vaccine Makers Enjoy Immunity - 2009

"The court - and the law that established it more than two decades ago - buffers Wyeth and other makers of childhood-disease vaccines from much of the litigation risk that dogs traditional pill manufacturers and is an important reason why the vaccine business has been transformed from a risky, low-profit venture in the 1970's to one of the Pharmaceutical Industry's most attractive product lines today." - in "Vaccine Makers Enjoy Immunity", 23 February 2009.

The Future of the Pharmaceutical Industry is in Vaccines

“Dr Andrew Wakefield, MD - The Future of the Pharmaceutical Industry is in Vaccines. The standard pharmaceutical agents drugs are going off-patent, they're opening up to generics, there's nothing obviously new in the pipeline, you can only sell so much Viagra, so what we're doing is we're seeing the Wall Street Journal reporting that the future of the Pharmaceutical Industry is in vaccines. There are 270 or so new vaccines in the pipeline, many of which are going to find their way onto the market. If there is a major question over the safety of a vaccine that for years they have been saying is perfectly safe and effective, if there is a question mark over that, then it is devastating to the industry. Because what it means is a moratorium on the introduction of any of those new 270 vaccines, it means that they have to go back and start treating vaccines like they treat pharmaceutical agents and compare them in large controlled studies that last for a long time to assess safety, at that at the moment they don't have to do that they aren't held to the same standard. So, for the industry it's going to be incredibly expensive and it's going to put the future of that industry on hold for a very long time, so I think that's a large part of the reason that they do not want to even consider the possibility that this vaccine may be harmful.

Polly Tommey - From my point of view as a mother how on earth what they were gonna have to save the MMR, sorry guys it's not safe how on earth do they begin to compensate the millions of kids they damaged it will bankrupt everybody?

Del Bigtree - Talking about the largest class action lawsuit in the history of the world.” - in “Dr Andrew Wakefield, MD, explains why the MMR vaccine won't be recalled, even though many believe it is dangerous”, BehindTheVelvetRope, 29 April 2016.

The Universal Flu Vaccine - 2014

"At the forefront of these revolutionary possibilities is personalized medicine, which is the idea of precisely tailoring each person's medical care to his or her own unique genetic makeup.

In fact, if all goes as we envision, today's mostly one-size-fits-all approach to medical care will seem as outdated to future generations.

Combined with the use of mobile health technology to assist in real-time monitoring of such things as diet, exercise, blood pressure, heart rate and blood chemistries.

Infectious diseases will not vanish, but we will find new ways to fight them off.

A "Universal Flu Vaccine" will be developed in the next decade that will make the need for annual injections obsolete, and — even more important — will render moot the threat of a future (currently overdue) world-wide epidemic." - Francis S. Collins, Director of the National Institutes of Health (NIH), in "Medicine in the Future Will Be Tailored to Your Genes", The Wall Street Journal, 7 July 2014.

The Increase of Vaccination And The Rise of Health Disorders In Children Side by Side

"I do think there is a a worldwide horrible pandemic.

It has nothing to do with sickness, and it certainly has nothing to do with the "virus".

It's a pandemic of people who have decided not to think. I knew, I wasn't going to do that medicine.

In my residency of Family Medicine, we had a child who was given a DPT shot ["Diphtheria", "Pertussis" (whooping cough), "Tetanus"], and then the next day, they died.

And we lied about it. Luckily, I didn't do it, but you know, t**hey said it had nothing to do with it.**

It was Sudden Infant Death Syndrome (SIDS), and they reported nothing.

And I knew that, you know, this is like a criminal enterprise.

And I refused even in my residency to vaccinate children.

Actually of my 3 children their entire childhood, they went to a doctor once, all the 3 of them.

So, I already knew that the whole vaccine thing was, but I didn't know was; that I didn't know that much about it.

I didn't know about "viruses", but I knew that there was something stinky about this whole business, and then I spent my whole career trying to figure it out." - Dr Tom Cowan, MD in "Pandemic of Not Thinking", interview by Dr Sam Bailey, MD, 23 November 2021.

Sudden Infant Death After Vaccination

"One cannot determine which vaccination affected the body adversely or in what way because the infants had received many vaccinations.

This study found that the most frequent vaccine used before death was Hib [Haemophilus influenzae type B Vaccine].

In conclusion, there were a couple of SID cases in which the relations to vaccination was suspicious.

Particularly, such a relation was observed after combined vaccination of Hib and S. pneumoniae, exhibiting histopathological features similar to MAS/HLH." - in "Sudden Infant Death After Vaccination", The American Journal of Forensic Medicine and Pathology, **September 2019.**

"The evidence favours acceptance of a causal relation between PRP vaccine and death from early-onset Hib disease in children 18 months of age or older who receive their first Hib immunization with unconjugated PRP Vaccine (polyribosylribitol phosphate)." *- in "**Adverse Events Associated with Childhood Vaccines**: Evidence Bearing on Causality", National Academies Press, **1994.***

*"The ABC news program 20/20 aired a story in **1999 claiming that Hepatitis B Vaccine caused Sudden Infant Death Syndrome (SIDS).** The story included a picture of **a 1 month old girl who died of SIDS only 16 hours after receiving the second dose of Hepatitis B vaccine."** - in "Vaccines and Sudden Infant Death Syndrome (SIDS)", The Children's Hospital of Philadelphia, 7 **January 2019.***

18 Child Deaths Following Vaccinations - 2006

"18 Babies and Toddlers have Died following childhood Vaccinations in just 4 years, a secret Government report reveals. **4 Deaths have been linked to suspected adverse reactions to the Measles, Mumps and Rubella (MMR) triple jab**, according to documents prepared for the Government's expert advisers on immunisation.

The jab has been beset by fears of a **link to Autism and Bowel Disease, since its introduction in 1998.** Experts said that **the true figures for suspected fatalities and serious side effects could be much greater.** Dr John Griffin, the former Editor of the Medical Journal Adverse Drug Reactions, said: **"For fatalities, it is probably only 1 in 2 which gets reported and for other side effects 1 in 10."** This means that almost 40 baby deaths could have occurred following jabs between 2001 and 2004, and 8,000 serious adverse reactions." - in "Secret report reveals 18 Child Deaths Following Vaccinations", Telegraph, **13 February 2006.**

40 Child Deaths Linked to Vaccines - 2010

"40 children are suspected to have died as a result of receiving routine Vaccines in the past 7 years.

Childhood Vaccinations are also suspected of having left **2 young children with Brain Injuries and caused more than 1,500 other Neurological reactions, including 11 cases of Inflammation of the Brain, 13 cases of Epilepsy and a Coma.** The Medicines and Healthcare products Regulatory Authority (MHRA) following a request by The Sunday Times under the Freedom of Information Act, shows that, **since 2003, there have been more than 2,100 Serious Adverse Reactions to childhood Vaccines, some of which were life-threatening."** - in "40 deaths linked to child vaccines over seven years", The Times, **24 October 2010.**

The Appearance of Diseases in Children After Vaccination

"The last time I was invited to give a speech to the NHS personnel, some years ago, I was hired, I was given a contract to give a speech to NHS personnel and at the last minute, I was told:

"Pleased don't go. We'll pay you anyway, but don't go because we aren't allowed to have you."

This was to speak to the NHS personnel about Drug Side Effects, on which I think **I've probably written more than anybody else on the planet.**

They said: **"We don't want you to come and speak about Drug Side Effects to NHS personnel because there's been an objection."**

And I said, "well, **have you got else to speak in my place",** and they said:

"Yes, we've got somebody from the Pharmaceutical Industry."

That was some years ago, and that's how it works.

The Pharmaceutical Industry owns the Medical Profession, the Pharmaceutical Industry owns the NHS, the NHS pays a ridiculous amounts of money for the a lot of the rubbish that they buy.

The COVID jabs are just part of that.

The Companies made billions.

And that they are going to continue to make billions because of course even if they stopped giving COVID.

But if you want our COVID jab, you have to have your Flu Jab.

Children now have 40, 50, 60 different jabs, and just a few months old being given jabs

If you ask, well, what tests been done to see whether all these Jabs are safe, when they're all given together?

Oh, look, we don't do that sort of thing. **We test the individual drugs and then we put in all these drugs into a growing immune system, and then we get surprised at the number of people who suddenly have Asthma, or the number of people who suddenly have Autism.**

But isn't it an amazing coincidence.

If you look at the darts of people who have number of children who've been vaccinated with one thing or another.

They're a match almost exactly and all of those diseases like Polio and smallpox were not eradicated by vaccines.

If you look at the facts, if you look at the figures, you'll see that the the vaccines were usually brought in long after the movement.

It was the massive improvement [in hygienic conditions].

That's the other, that's the other big lie is that doctors and drug companies have improved life expectancy in the last century." - Dr Vernon Coleman, MD, in "UK Column", 1 September 2022.

Children Don't Need Useless And Dangerous Medical Trade Vaccines They Need Better Hygiene

"In 2017 there were 48.9 million cases and 11 million sepsis-related deaths worldwide, which accounted for almost 20% of all global deaths.

In 2017, almost half of all global sepsis cases occurred among children, with an estimated 20 million cases and 2.9 million global deaths in children under 5 years of age.

Significant regional disparities in sepsis incidence and mortality exist; approximately 85.0% of sepsis cases and sepsis-related deaths worldwide occurred in low- and middle-income countries." - in "Sepsis", WHO, 26 August 2020.

Chapter 8

Pleomorphism

"The most important question is if vaccines are in fact at all justified.

We need to be educated and we need to be educated way beyond of what the information we get from the media, and from mainstream science.

So let's start at the very beginning and with the question:

What are infectious diseases?

Well, based on the standard medical theory, infectious diseases are caused by the by pathogens, that is disease causing microorganisms.

But the theory that microbes cause diseases is one of the most protected medical doctrines of modern medicine.

The theory that infectious diseases are caused by pathogenic microbes was established in the 19th century by Louis Pasteur.

Pasteur claimed that he had made the discovery that germs, as the air, as he called it, attack a host body like a human organism, and cause an infectious disease, and Pasteur's Theory became known as "The Germ Theory".

But Antoine Bechamp, who was a contemporary of Pasture made a very different discovery." - in "Challenging the Germ Theory", Virus Mania, 2009.

Antoine Bechamp (1816-1908), stated:

> ***"Microbes are part of the "inner milieu" of the organism. Microbes assist the metabolic process of the body. Microbes become only pathogenic, when the organism is out of balance".***

Claude Bernard (1813-1878), stated:

> ***"The microbe is nothing, the terrain is everything."***

Guenther Enderlein (1872-1968), stated:

> ***"Micro-organisms (protits) "morph" into various shapes and sizes, when the internal environment of the organism changes."***

This is called: **Pleomorphism**

"In Microbiology, **Pleomorphism is the ability of some microorganisms to alter their morphology, biological functions or reproductive modes in response to environmental conditions."** - in "Wikipedia", 25 August 2022.

Pleomorphism Among Bacteria

"For many years subsequent to their discovery, the classification of bacteria was based primarily on considerations of their morphologic characters.

Largely owing to the influence of the German school of bacteriologists, notably Ferdinand Cohn, Robert Koch and their pupils, constancy of form and action came to be regarded as typical of the different species described.

Variability was accepted as a certain sign of difference in species or genera.

With the prevalence of this monomorphistic view and the consequent tendency to recognize even small departures from familiar structural standards as evidences of the presence of new forms, it is evident why the tendency to multiply the number of bacterial categories on the basis of morphologic variations has increased until at length considerable criticism has been leveled against this **"reckless species making."**

Until recently there were few American textbooks that did not adhere to the rigid monomorphism that had been taught in Germany.

Latterly, however, **there has come a growing recognition that a species of bacteria may exhibit morphologic variations, the changes in form being associated frequently with alterations in the cultural conditions or, as has further been suggested, representing different stages of a life cycle. Microorganisms may change their physiologic properties quite readily with altered environment, and the new variety may retain the acquired peculiarities for some time even if brought back to the original conditions. Scientific study has been directed of late more to the physiologic than to the morphologic problems of bacteriology; but the subject of pleomorphism is at length attracting renewed consideration.**

In his elaborate monograph on the life cycles of the bacteria, Löhnis (Studies upon the Life Cycles of the Bacteria, Memoirs National Acad. Sc. 16, Second Memoir, 1921) insists that all well studied species have shown themselves to be able to grow in various round, straight and curved, small and large, regular and irregular cell forms.

Budding, branching and apical growth are common with all bacteria. Contrary to the monomorphistic theory, which knows only of one constant type of vegetative cell for every species, and of not more than one type of reproductive organ, the endospore, for merely one group of bacteria, Löhnis defends the thesis, now supported by numerous independent investigations, that in reality all bacteria are not only distinctly pleomorphous in their vegetative growth, but also able to produce various organs of reproduction.

These are:

Gonidia
Regenerative bodies
Exospores
Endospores
Arthrospores
Microcysts

All are made up of nuclear substances, reinforced by smaller or larger amounts of reserve material and protected by a more or less resistant membrane.

Gonidia and regenerative bodies participate actively in the process of multiplication, whereas the other reproductive organs are in the first place resting forms.

Gonidia, regenerative bodies and probably microcysts, too, are produced by all bacteria, while arthrospores, exospores and endospores are less common; though there are indications that they will be discovered in many more cases, as soon as these problems are more thoroughly investigated.

Just as slight variations in the morphology of bacteria were once used unwisely as the pretext for describing new species, so today the phenomena of pleomorphism are called on to explain the contradictions between different investigators in the search for the pathogenic etiologic agencies in certain as yet unexplained diseases." - in "JAMA", 8 October 1921.

"Notwithstanding the extensive studies of Tissier, Moro, Rodella, a Cahn, Passini, Jacobson, Herter and Kendall, and a few others, the relation between B. bifidus communis (Tissier, 1900), and certain other Gram-positive organisms of the feces, such as B. acidophilus (Moro, 1900), Kopfchenbacillus, B. tuberculiformis intestinalis (Jacobson, 1908) and B. infantilis (Kendall, 1909) remains still unsolved.

At present it is difficult to say whether they are entirely different organisms, or whether they are different forms of one and the same organism.

It is a recognized fact that the purity of a culture of B. bifidus cannot be guaranteed absolutely, as it often produces forms which differ in many respects from the original strain and which resemble, not infrequently, B. acidophilus,

B. tuberculiformis intestinalis, or the Ko.pfchenbacillus. Moro abandoned his effort to identify the Kopfchenbacillus with B. bifidus because of his inability to produce a bifurcating strain from the former, while Jacobson met a similar failure in his attempt to reverse B. Tuberculiformis inteslinalis into B. Bifidus.

In spite of numerous attempts, as yet no one has succeeded in tracing the source of B. Bifidus outside of the intestinal tract.

The fermentative faculty of B. bifidus and its aerobic varieties were tested upon different kinds of sugars and glucosides, but the results were extremely inconstant.

In one series of experiments they split almost every sugar employed with acid production and, on other occasions, they did not attack any of them. I found, however, that in the strictly aerobic phase of the bacillus it is rare to get coagulation of serum or milk, while in semi-aerobic and strictly anaerobic phases, acid-production seems to cause coagulation of these proteids in several days.

This difference may be due to simultaneous proteolysis in the aerobic phase. Table I describes summarily the morphology of the 4 different phases of B. bifidus.

Conclusions

From the foregoing experiments, the conclusion may be drawn that B. bifidus communis of Tissier has an aerobic phase, in which it resembles B. mesentericus fuscus.

Numerous intermediate phases can occur between these 2 extremes; and their morphological and biological variabilities demand the utmost attention in order to interpret more intelligently the various phases of a given organism, constantly found in the stools of sucklings, and to avoid the artificial creation of 2 or more organisms from a single microbic type.

The frequent occurrence of B. mesentericus in the stools of sucklings has been described by Tissier, Moro, and many others. That B. mesentericus is one of the most wide spread saprophytes and is constantly found on the surface of our skin, is a well established fact, Scheurlen was once led to consider this bacillus as the cause of carcinoma, because he isolated it from the cancers of mamma (interior of the tumors). **But Rosenthal found the same organism in the breasts of healthy persons."** - in " Pleomorphism and Pleobiosis of Bacillus Bifidus Communis", The Journal of Experimental Medicine, 14 March 1910.

"The pleomorphism of the common colon bacillus has been noted by most observers. The forms to be seen on one cover-glass are often many and various, ranging from small coccus-like forms to long thin rods; and in the same culture at different times different shapes have been noted; sometimes short coccus-like forms are found to be in the majority, sometimes longer rod-like forms; and in some cases threads 6 p in length, and even spirals have been noted. **Beyond this it has been observed that bacilli from different sources, grown on similar media, differ from one another.**

Conclusions

These results may be summed up by saying that in such nitrogenous media as proteid and ammonium tartrate, the average length of the bacillus is greatest in proportion to its breadth; while in glucose, to which a minimum amount of nitrogenous material has been added, it is shortest; and that in leucine, which contains an amount of nitrogen intermediate between the first 2 groups, the bacillus is intermediate in size; while if in the glucose solutions the nitrogenous material ie increased, there is an increase of longer forms.

From these results it may be concluded that the composition of its food stuff plays a considerable part in determining the shape, size, and structure of the bacillus; that it is not the only cause of its variations in shape and size is shown by the fact that large differences in these respects are met with in any one solution; the substances used varying, however, in this respect, the bacillus being more pleomorphic in proteid and leucine than in sugar or ammonium tartrate. In this series of experiments the average length of the bacillus was greatest in an ammonium tartrate solution which contains a high proportion of nitrogen, and least in a glucose solution which contained only a minute proportion of nitrogenous matter." - in "The Pleomorphism of the Common Colon Bacillus", The Journal of Pathology and Bacteriology, 1898.

> ***"When low percentages of urea are present in nutrient media, they have a distinct effect on the form of certain organisms growing therein."*** *- in "Pleomorphism, as exhibited by bacteria grown on media containing urea", The Journal of Pathology, November 1906.*

"One of the greatest services that Koch has rendered to bacteriology is his invention of methods of pure culture, by means of which such isolated colonies, originating from a single germ, can be cultivated at will and obtained free from any admixture with germs of other kinds.

Such pure cultures, reared under perfectly similar conditions, always agree in form and physiological action at any given stage. But this is not real constancy.

The similarity does not depend upon the invariability of the bacteria, but upon the fact that the conditions of life suffer no alteration.

If the conditions fluctuate, the bacteria will also vary in form and in physiological activity. Individual bacteria as well as their zoogloeae or colonies always adapt themselves to the "milieu."

The constancy which Koch's method revealed was not one of true permanence of species, but rather one of permanence of varieties due to station. As one emigrant in his new home clings strenuously to the manners and customs of his fatherland while another quickly forsakes them, so some species of bacteria transplanted into

changed conditions of life preserve their original characteristics, while others part with them." - in "The Principles of Bacteriology", 1899.

The Fallacy of the Germ Theory

"My observations lead me to believe that it is generally by its retarding effect on the lymph-current of an organ that the caseous gland renders the part depurated specially vulnerable to the attacks of disease germs in general, the bacillus of tubercle included. The theory of auto-infection may obtain credence from the experiments on animals of Villemin (Gaz. Med. 16 December 1865), and others, but there is no proof that such is the case in most instances, nor would it appear necessary, as the bacillus must frequently gain access to various parts of the body with the air and food, especially in towns.

Many observations have been made, it is true, which tend to prove that caseous glands usually contain the bacillus of tubercle, but there is no proof that the specific germ is the cause of the enlargement and caseation, since it is quite conceivable that the bacillus occupies the gland simply because the conditions have been such as to specially favour its growth in that situation.

One word with regard to inflammation, Its clinical features will depend upon the specific cause in each case, as well as then constitution or state of health of the individual at the time of its onset. Simple traumatism may lead to increased physiological action in the part, but extensive inflammatory changes are usually attributable to the introduction of some form of microbe, Waste products, unless speedily carried away by the blood-vessels and lymphatics, will cause a "choking" of the lymph-glandular system related to the inflamed area.

If the lymphatics be functionally adequate little harm will probably arise as the result of the inoculation, but when the reverse obtains many specific organisms will find a congenial soil for their growth." - Dr Wayland C. Chaffey, MD, in "Lymph-Stasis, or, Retardation of Lymph as an Element in the Causation of Disease", 1889.

The Scientific Frauds of Louis Pasteur As the Bases of the Medical Trade

1. In 1923, Ethel Hume exposed Louis Pasteur in the book "Pasteur Exposed", no one took notice.

2. In 1940, R. B. Pearson published "Pasteur, Plagiarist, Imposter", no one took notice.

3. In 1995, Gerald L. Geison publishes the book: "The Private Science of Louis", having gained access to Louis Pasteur laboratory notebooks, has he mentions:

> *"The Papiers Pasteur includes a meticulously preserved collection of more than 140 notebooks in Pasteur's own hand, of which more than 100 are laboratory notebooks recording his day-to-day scientific activities over the full sweep of his 40 years in research. Until these manuscripts are deciphered, edited for publication, and subjected to critical scrutiny, our understanding of Pasteur and his work will remain incomplete."*

Here we give some passages from the book:

"Most of the discrepancies between Pasteur's public and private science are of a sort that will come as no great surprise to working scientists, or to anyone who has been attentive to recent historical scholarship on laboratory notebooks.

For some reason, laboratory notebooks were long overlooked by historians of science, but their virtues as a strategic site of inquiry have become evident in recent years.

It is only by turning to Pasteur's laboratory notebooks that we are able to establish conclusively the nature of the vaccine actually used at Pouilly-le-Fort.

Working independently, Antonio Cadeddu and I have analyzed the pertinent notebook, and our interpretations agree on this central point: **Pasteur deliberately deceived the public and the scientific community about the nature of the vaccine actually used at Pouilly-le-Fort.**

The crucial pages, reproduced in fig. 6 (a, b, c), partly transcribed and translated in Appendixes A and B at the back of this book, come from the notebook that Pasteur labeled "lOeme cahier. Du 20 novembre 1880 au 10 avril 1882."

First, at the bottom of a page entitled "Charbon. Vaccination a Melun" and dated 26 April [1881], Pasteur added a footnote indicating that he and the Agricultural Society of Melun reached an agreement on 28 April as to the experimental protocol to be followed at Pouilly-le-Fort.

He then goes on to specify his projected modus operandi in a way that finds no echo whatever in any of his published work.

On 5 May, he writes in the footnote, the 25 sheep to be vaccinated will be injected with an anthrax culture already so "weakened by potassium bichromate" that it has become harmless to mice and then further weakened by 3 successive passages through mice.

Only a very few episodes are in question here, and two of them are so close in time and so similar in nature that it is better to conflate them into one.

Moreover, as we shall see, this "double episode" is relatively easy to explain and excuse, since it concerns "therapeutic experiments" on seemingly doomed victims of rabies and is at worst an example of deception by omission.

Instead of informing the public and the scientific community of the dramatic results of these 2 human trials, Pasteur chose to remain completely silent.

The other episodes concern the two most celebrated achievements in Pasteur's career his bold public demonstration of a vaccine against anthrax in sheep at Pouilly-le-Fort in 1881, and the first known application of his rabies vaccine to a human subject, young Joseph Meister, in July 1885.

In the first case, Pasteur deliberately deceived the public and the scientific community about the nature of the vaccine used in the experiments at Pouilly-le-Fort.

In the second case, the nature of Pasteur's deception is less clear-cut, but here too we will find some striking discrepancies between the public and private versions of the famous story of Joseph Meister.

Do scientific advance and the public welfare sometimes require scientists to tell "white lies"?

Pasteur deliberately deceived the public, including especially those scientists most familiar with his published work, about the nature of the vaccine actually used at Pouilly-le-Fort." - in "The Private Science of Louis Pasteur", 1995.

"There are two conceptions of the originating cause of disease held at the present time.

The first, is that disease is caused by an invasion from without either from germs or from other destructive forces coming in contact with a previously healthy organism.

We might paraphrase Dr Murphy's definition as follows, viz:

Disease is a morbid departure in cellular structure, tissue or organ, or the body as a whole, or a part affecting or contaminating the whole.

We believe, the germ to exist — he is ubiquitous — but at the same time, we believe with Dr Austin Flint, MD conception of the germ is the correct one, viz:

"You take away the life of the germ if you destroy, or take away the means by which it lives." - Dr A. T. Cuzner, MD, in "The Origin of Disease", The Medical Summary, 1917.

The "Magnum Opus" of Medical Science: The Germ Theory

"The "Magnum Opus" of Medical Science, the Germ Theory of the cause of disease.

The question of how bacteria conveys disease has been wrestled with almost ever since the theory was first promulgated.

The menace of disease germs has been exaggerated, or rather erroneous views as to their mode of transmission have existed.

At one time people were quarantined, if there was the slightest suspicion that they might be the means of conveying infection.

The belief that infective germs are air borne is dying if not already dead.

The opinion most prevalent is that many acute infections are conveyed by personal contact, while it is fair to assume that there are diseases which may never be associated with a specific organism as the essential cause." - Dr William Seaman Bainbridge, AM, ScD, MD, CM, New York City, Some Fundamental Causes of Disease, Dental Outlook, February 1918.

Chapter 9

The Medical Restraint of Trade Act

"But when the buyer's freedom is stifled, the whole system goes out of joint, all the chips drift to one side of the table and some sort of regulation becomes necessary to put the market machinery back into balance.

The machinery is out of balance right now in those areas of the Medical Trade where doctors sell at a profit the products that they prescribe. The buyer, clearly, is in a position where he can neither shop around nor refuse.

The temptations to overprescribe and to overcharge are obvious and there is considerable evidence that on occasion they have been yielded to. Much of this evidence was developed during hearings the Senate Antitrust and Monopoly Subcommittee held in 1964 and 1965.

Cases of overcharging and overprescribing were uncovered in the sales of both drugs and eyeglasses.

In some instances, these products sold by doctors were even of doubtful quality. These facts are well documented in the printed volumes of those hearings and in a report on doctor-owned pharmacies and repacking companies.

The bill (S. 260) to strengthen the antitrust laws by prohibiting the sale by licensed practitioners of drugs, or devices prescribed by such practitioners and the knowing receipt of rebates, refunds, discounts or commissions in connection with the supplying to patients of such products.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress Assembled, That this ACT may be cited as the "Medical Restraint of Trade Act". - in "Medical Restraint of Trade Act: Hearings Before the United States Senate Committee on the Judiciary, Subcommittee on Antitrust and Monopoly", Congress, 1967.

The Medical Trade

"I allude to that anciently grotesque imposture known as allopathic medicine.

I intend demonstrating its utter and disgraceful failure.

In Great Britain where **Allopathic Practitioners have formed themselves into a powerful trade combination, it has become a most dangerous institution.**

The great majority of so-called legally medical qualified men are uneducated.

A Money-Grubbing Medical Trade Union.

These members have made the signing and observance of **rules and regulations framed in the interests of the Union, and for the purpose of maintaining a lucrative system of charlatanry**, a "sine qua non" for member-ship giving in return its licence to practice, and its influential protection and support to all its members who are not infrequently charged with crimes, of a nature to render the medical evidence of their brethren necessary to insure conviction.

In Great Britain the members of this Medical Trade Union have invariably to be depended on to prove crimes, such as killing by poisoning, committed wilfully, through negligence, or through ignorance, criminal assaults, improper medical or surgical treatment tending to make cripples and paupers, with what result most of the magisterial examinations prove on their conclusion, excepting in charges of forgery, arson, theft.

There is no country under the sun where justice is so frequently hoodwinked, and the faculty let off so quietly as in Great Britain, when medical men-members of this Medical Trade Union are the defendants, and, who to keep the honour of the profession intact, are reinstated in the good opinion of the public by having, invariably, testimonials presented them by their fellow members on their acquittal, said presentations being duly blazoned forth by the profession through the public press.

The whole Allopathic Union comprises within its bosom men, perfectly irresponsible to the law of public opinion, and who, through their number, and powerful social influence, are enabled to defeat alike law and justice

in but too many instances not be misunderstood by the term empiric.

I understand by the term, a medical practitioner professing to cure diseases, and unable to do so, owing either to his ignorance, or to his studious and wilful non-application of natural means to the human system.

It is necessary to the safety or the public that dissenting medical practitioners should be placed on the same footing as those of the orthodox school.

It is why the conflict of various medical interests that the public will profit and get rid of all that which cannot bear the light of reason and truth.

The false practice of those so-called medical men who have, and who profess to remove disease by drug poisons, which the first toxicologists of the day have proved, over and over again, to be inimical to health and life, but the employment of which is persevered in by the profession, not without suspicion on the part of thinking men that **this is done to prolong the disease, and with a view to make a heavy doctor's bill.**

These are licensed empirics, whose certificates of death are taken without the least suspicion that by drug poisons they kill 90 out of every 100, of those said to have died of disease.

What are these men, who ignorantly or wilfully sign certificates for the admission of sane persons into Lunatic Asylums?" - in "The Rationale of the Application of Hygiene, the Principles of Health, to the Prevention and Elimination of Disease", Dr Ferdinand Dupré, MD, 1869.

Who Is The Medical Trade?

The Medical Trade are the following:

- So-called Medical “Doctor”
- So-called Medical Trade “Dentist”
- So-called Medical Trade “Veterinaries”
- So-called Psychiatric “Doctors”
- So-called Academics in “Sciences” any branch of medicine (branches of a rotten tree)
- So-called Pharmaceutical “professionals”, glorified peddlers of poisonous pharmaceutical synthetic medical trade drugs.
- So-called Medical Trade “Experts”, many of these peddlers of vaccines, among all other Medical Trade interventions.

These creatures of darkness combine, bring darkness to life, bring countless suffering, mutilations to Babies, Children, Men and Woman, and forget not the defenceless animals, both domestic and wild alike.

Every poisonous and needless forced vaccines.
Every poisonous and needless prescribed synthetic drug.
Every body mutilations by medical trade surgery.

Medical Trade Research Is Largely A Fraud

> ***"Linus Pauling PhD (Two time noble prize winner) argues that: "Everyone should know that most cancer research is largely a fraud and that the major cancer research organisations are derelict in their duties to the people who support them".*** *- in "Cancer Research UK – One Big Scam", Daisy Heath-Abbott, 27 June 2014.*

"The University of Manchester-based immunologist Silvia Bulfone-Paus receives CRUK funding despite past massive misconduct findings and forced resignation as institute director in Germany, after **13 retractions**.

In 3 June 1989, Vousden published a paper in The Lancet (RELATION BETWEEN INFECTION WITH A SUBTYPE OF HPV16 AND CERVICAL NEOPLASIA):

> *"A variant (HPV16b) of the previously* ***described human papillomavirus (HPV)16*** *(now called HPV16a) has been identified by polymerase chain reaction assays. Compared with HPV16a, HPV16b has a 21bp deletion and several point mutations within the upstream regulatory region. All cervical carcinoma samples studied contained only HPV16a. HPV16b was found only rarely in cervical neoplasia but was common in the normal population."*

Which was immediately retracted by her 2 coauthors John Tidy and Paul Farrell, **for being irreproducible.**" - *in "For Better Science, 1 November 2019.*

> *"Eight Fraudulent Cancer Research Studies Contained The Same Copied Results. How Does This Happen?*
> *Scientist started reading a paper about genetic regulation in lung cancer, but quickly realized they had read a very similar paper just a few days before. Except that one was about gastric cancer.*
> *Has been able to uncover over 2,000 cases of scientific fraud to-date." - in "Forbes", 9 June 2020.*

> ***"In our culture, treating disease is enormously profitable, preventing is not'.***
> ***The harrowing truth ladies and gentlemen, however, we are not entirely naive to this statement.***
> ***Deep down we know this is a profitable business rather than a charity.***
> ***Do we not?"** - Dr. Robert Sharpe, in "Cancer Research UK – One Big Scam", Daisy Heath-Abbott", 27 June 2014.*

> ***"With an expected 43% increase in U.S. Cancer Diagnoses** expected by 2030, **we're expanding our clinical research** to support prevention, early detection, treatment, and ultimately, cancer cures. This week, our Cancer Clinical Trials Team is presenting at the prestigious **Association of American Cancer Institute's Clinical Research Innovation** meeting in Chicago." - in "UAMS Winthrop P. **Rockefeller Cancer Institute**", FB, 14 July 2022.*

"Alan Ashworth, and his former right-hand man, since 2017 Institute of Cancer Research (ICR), London, professor Chris Lord, **have their own impressive, but hitherto ignored, common record on PubPeer.**

Not that anyone cares, after all these are gentlemen.

Ashworth's claim to fame is in having discovered the BRCA2 oncogene.

Here another duplication from Lord and Ashworth paper, in Iorns et al PLOS One 2009, and the **loading control doesn't match any of the 2 separate experiments it is made to stand for.**

Where did it originally come from?

Which samples does it really show?

Does it matter?

Or look at this interesting study Ashworth and Lord published in Cancer Research 7 years ago: Martin et al 2011.

Incidentally, **Ashworth is member of the AACR board of directors, which might interfere with this publisher's investigation of his and likely also his ICR successor Workman's (other) papers.**

In that paper, a **novel cancer cure approach was established** by specific targeting of the enzyme PINK using RNA interference (siRNA), which could be further potentiated by duplicating loading controls!

Of course it is not clear how translatable this loading control duplication is in the clinic, in patients.

It works however reliably in other papers by Lord and Ashworth, **even between publications showing utterly different cell lines**, here Martin et al 2009 and Mendes-Pereira et al 2009, both published in EMBO Molecular Medicine. Incidentally, **Ashworth is EMBO member, which makes the issue of the above 3 papers in EMBO Press even more embarrassing.**

There is an even more interesting paper by Lord and Ashworth, published as Martin et al 2010 in Cancer Cell, which means this paper is safe from retraction or correction for all eternity, because this is Cell Press.

There is plenty on PubPeer, posted already 3 to 5 years ago, and nobody, absolutely nobody cares.

Look at this beauty, this is how the authors intended to cure cancer by inhibiting DNA polymerases in vitro while copy-pasting western blot bands in silico.

It is all perfectly acceptable when you know anyway which results to expect, right?

Especially if you work at the **Institute of Cancer Research, where cancer is being daily conquered** by superior Englishmen intelligence?

This is why it is perfectly OK to make up some fake loading control in Photoshop to satisfy some silly publishing criteria and to placate peer reviewers.

It's all illustrations anyway, as Institute of Cancer Research scientists explained in that correction above: it is "Figure Legend or main text of the article" which matter. Not the figures." - in **"Fake data, untouchable men** and guilty women **at ICR London**", For Better Science, 6 September 2018.

Alan Ashworth

"Alan Ashworth, PhD, FRS, in January 2015, served as Chief Executive of the Institute of Cancer Research (ICR) and the **Director of the Breakthrough Breast Cancer Research Centre in London, UK.**

Ashworth's research focuses on understanding breast cancer genetics.

He was a key part of the team that identified the BRCA2 breast cancer susceptibility gene that is linked to an increased risk for some types of cancer.

Ten years later, he discovered how to kill BRCA1- and 2-related tumor cells by **treating them with PARP inhibitors.**

This exemplifies the principle of synthetic lethality as cancer therapy, **3 different PARP inhibitors are now approved by the FDA.**

In 2016, Ashworth established the Center for BRCA Research.

The mission of the Center is to provide a place for families with BRCA and other mutations to receive personalized care and planning **for their long-term health.**

Also started the San Francisco Cancer Initiative (SF CAN) that launched in 2016.

Ashworth also chairs the UC Cancer Consortium, an alliance of the 5 UC cancer centers holding comprehensive cancer center status, the highest designation possible from the National Institutes of Health's National Cancer Institute." - in "University of California San Francisco", 15 July 2022.

PARP Inhibitors Toxicity

"PARP inhibitors [type of targeted cancer drug] have been shown to cause teratogenicity, and embryo-fetal toxicity and death in animal reproduction studies.

Anaemia is the most common haematological toxicity among PARP inhibitors.

Fatigue is a nearly universal toxicity for all PARP inhibitors and seems to be a class effect.

The PARP inhibitor most associated with cardiovascular toxicity is niraparib.

Cardiovascular toxicities included hypertension, tachycardia, and palpitations." - in "**Exploring and comparing adverse events between PARP inhibitors**", Lancet Oncol., **January 2019.**

"There are different types of PARP inhibitors including:

- Olaparib (Lynparza)
- Rucaparib (Rubraca)
- Niraparib (Zejula)

Common side effects of PARP inhibitors include:

1. **An increased risk of infection**
2. **Bleeding problems**
3. **Breathlessness**
4. **Feeling or being sick**
5. **Tiredness**
6. **Diarrhoea**
7. **Indigestion and taste changes**
8. **Headaches and dizziness."** - in "Cancer Research UK", 13 November 2017.

Institute of Cancer Research

"In 2000 Michael Stratton at the Institute of Cancer Research (ICR) initiated the Cancer Genome Project, which was aimed at capitalizing on the knowledge from the Human Genome sequence to screen all human genes in cancer cells to identify those genes responsible for specific cancers.

The project was established at the genome sequencing facilities of the Wellcome Trust Sanger Institute near Cambridge, of which Stratton is now the Director.

One of the first major achievements of the Cancer Genome Project has been the characterisation of the cancer gene BRAF.

The research by the Institute of Cancer Research team, published in June 2002, revealed that damage to the BRAF gene could cause up to 70% of melanoma skin cancers.

This has been instrumental in speeding up the development of new drugs for the treatment of malignant melanoma.

Since 2002 the Institute of Cancer Research has been working to develop drugs that inhibit BRAF in melanoma and other cancers where the gene is defective.

In the 5 years from 2004/05, the ICR developed on average 2 drug development candidates per year.

Since 2006, it has licensed 3 novel series of anti-cancer drugs to major pharmaceutical companies: Hsp90 inhibitors to **Novartis**, PKB inhibitors to **AstraZeneca** and PI3Kinase inhibitors to **Genentech**. The PII3Kinase inhibitor GDC-0941, licensed to **Genentech by Piramed**, is **thought** to have potential in a range of human cancers.

In laboratory experiments, Institute of Cancer Research scientists found that the drug reduced the growth of glioblastoma (the most common form brain tumour), it decreased the growth of ovarian tumours and in other studies, it was active against cell lines derived from other human cancers." - in "Institute of Cancer Research", Wikipedia, 16 July 2022.

The Main Causes of Diseases Are Explained

“Your Child's Health is Not Genetic

Your child's health is a a result of incepted heredity.

Nutritional stores and stored toxins are passed along from mother, and father, to child.

Creating either health, or disease depending on those 2 factors.

Vaccines Do Not Work, and they Do Not Prevent Disease, Vaccines Cause Disease

“The greatest lie ever told is that vaccines are safe and effective.” *- Dr Len Horowitz, DMD, MA, MPH*

“Incredible as it sounds, such a common-sense controlled study comparing vaccinated to unvaccinated children has never been done in America for any vaccination.” *- Dr Phillip Incao, MD*

Mandatory Vaccines Violate the Nuremberg Code

“Safety testing of many vaccines is limited and the data are unavailable for independent scrutiny, so that mass vaccination is equivalent to human experimentation and subject to the Nuremberg Code, which requires voluntary informed consent.” *- in “Association of American Physicians and Surgeons”, AAPS, 2000.*

Vaccines Cause Death and Permanent Disability

The Vaccine Adverse Reporting Systems (VAERS) documented 2,142, deaths and 3,177 permanent disabilities between 1991-2001 from vaccinations.

The actual statistics are between 10 - 66 times higher (appox. 21,420 - 142,800 deaths), as only between 1.5-10% of adverse events are reported.

The FDA acknowledges only 10% of adverse reports are filed. An analysis by Wald & Shojan [2001] found that only 1.5% of all adverse events result in an incident report.

Adverse Reactions

> ***"Vaccination causes significant death and disability at an astounding personal and financial cost to uninformed families and society."*** *- Alan Phillips, in "Dispelling Vaccination Myths: An Introduction to the Contradictions Between Medical Science and Immunization Policy", May 2001.*

Vaccines Don't Confer immunity to the Diseases they are supposed to

> ***"Official data have shown that the large-scale vaccinations undertaken in the US have failed to obtain any significant improvement of the diseases against which they were supposed to provide protection."*** *- Dr Albert Sabin, MD, Developer of the Oral Polio vaccine, joined the Rockefeller Institute for Medical Research, developed an intense interest in research, especially in the area of infectious diseases, in "Lecture to Italian doctors in Piacenza, Italy", 7 December 1985.*

Proof that a vaccine is "safe" and "effective" rests solely in the hands of manufacturers.

Your Child's Real Needs

Love, Attention, Respect, Breast Milk, and Holding.

Hold your child for the first 0-6 months.

Breast milk is your child's best food, so nursing on cue is vital to your child's health, even at night. Do not abandon your child, keep the mother's matrix intact.

Childhood Disease is Caused by Improper Nutrition

Since you now know childhood disease can be caused by improper nutrition, we can prevent it through proper nutrition.

Infant Formula Alternative

Most infant formulas will not nourish your baby, that is why you need to know a real and nourishing alternative.

Disease is not usually caused by germs, microorganisms or genetic errors, but rather by the misuse and disregard of the basic laws of nature.

We have the power to create living babies.

Our children get sick because their bodies are degenerating from our flawed modern nutritional programs.

Their bodies are also being poisoned by vaccinations and harmful toxins in our environment.

If mothers and fathers follow a special plan in the period before conception, follow a special diet during pregnancy and lactation, feed their children special foods and take care of them holistically, then parents significantly increase the likelihood of having a little angel:

Highly intelligent
Highly immune to disease
Straight Teeth
Beautiful, compassionate, loving
Physically strong and fit

Vaccines don't work and don't prevent the diseases they're supposed to protect against.

Vaccines usually cause disease because they introduce toxic substances into the body.

The biggest lie ever told is that vaccines are safe and effective.

Your child's real needs are love, attention, respect, breast milk and holding.

A Healthy Pregnancy

The health of your child to be, is a direct reflection of how you take care of yourself through nutrition.

Learn the Primary Cause of Disease

We will unlock the secrets of health, by learning how improper foods cause disease." - Rami Nagel, in "Healing Our Children", 2007.

Lying Is Very Powerful

> ***"Lying is very powerful because you can manipulate the world with your language. And you can get what you want lots of times."*** *- Jordan B. Peterson, 5 May 2022.*

How Genetic Engineering Shortly to be Called Biotechnology was Born

"In observing cells from the kidneys of rhesus monkeys under the microscope - the kind of cell preparation from which the polio vaccine was being made by private drug companies.

Just after assuming his new post in viral research, when Eddy threw this time bomb onto his desk: **the possibility of a cancer-causing virus in the polio vaccine.**

In the meantime, events were moving ahead in the outside world. Maurice Hilleman, developer of many famous vaccines, had gone at this point to the Merck company, one of the companies making Salk's inactivated polio vaccine as well as Sabin's activated variety.

Sabin's vaccine was then in massive field trials in Europe and the Soviet Union. Quite independently of Bernice Eddy, Laurella McClelland, a viral specialist in Hilleman's vaccine division at Merck, had noted something funny in the monkey kidney cells on which the vaccine was being safety tested. These were cells not from the **kidneys** of rhesus monkeys, from which the polio vaccine was being produced, but from a species of African green monkey.

Hilleman presented his own findings formally at a conference in Copenhagen at around the same lime Eddy was having her unpleasant conversations with Smadel.

Hilleman, accepting the suggestion of a colleague at Eli Lilly, **named the virus** responsible for the microscopic changes **in the kidney cells SV 40**, or Simian Virus 40, meaning that thirty-nine other of these monkey viruses had already been identified. **A Yale group with an electron microscope then determined that SV 40** and Sarah Stewart's polyoma were basically the same virus, but one infected mice, the other monkeys. Nothing about SV 40 causing cancer had yet come out in either the scientific literature or the press, although insiders were aware. Alan Rabson, who with his wife, Ruth Kirschstein, attended the Copenhagen meeting, said, "Everyone in the grapevine knew that."

Since both polio vaccines had at this point been given to millions of children, members of the grapevine were now frantic to find out what was going on.

The virus was killed in their intestinal tracts.

Albert Sabin was asked thirty years later why the silence?

> ***"I think to release certain information prematurely, is not a public service.*** *There's too much scaring the public unnecessarily. Oh,* ***your children were injected with a cancer virus and all that.*** *That's not very good."*

He studied protein synthesis at the National Institutes of Health with Michael Potter. Nathans in 1959 he started working in **the laboratory of Nobel prizewinner Fritz Lipmann at the Rockefeller Institute.**

Then in 1962 Nathans arrived at Johns Hopkins just as the great waves of sixties science were breaking around him.

Marshall Nirenberg was cracking the genetic code: **other Nobelists were uncovering the mechanics of DNA and RNA with the aid of viruses that attack bacteria.** Heady times.

Viruses that cause cancer interested Nathans in particular.

In a letter in the spring of 1969, Smith described his discovery in some bacteria of an enzyme that seemed to cut DNA.

A DNA virus invades the bacteria, and bacterial enzymes cut the invader into ribbons.

Nathans found Smith's discovery most intriguing, as it opened the possibility of cutting DNA into portions for study; indeed, of isolating particular genes.

Upon returning to Baltimore that summer, he set to work chopping up DNA with enzymes.

The particular DNA he selected came from a virus.

It was SV 40.

Here was Nathans s reasoning at the time:

> *"If the genomes [the genes] of DNA tumor viruses could be dissected in this way, and* ***if individual fragments of viral DNA could be isolated****, one might be able to determine... which segments of the genome were responsible for the various biological activities of the virus."*

Thus Nathans and co-workers took several cutting, or "restriction," enzymes from various bacteria, such as E. coli. and saw that the enzymes did, in fact, cut the SV 40 into fragments.

These fragments could be separated on the basis of their weight in an analysis called electrophoresis.

Moreover, each enzyme appeared to cut the DNA at a specific site, rather than as a lawn mower might.

By 1971 Nathans and his group were able to assemble these fragments into a map, knowing what position each fragment occupied on SV 40s little circle of DNA.

They realized that "the circular SV 40 genome can be opened at any one of several different sites by single-cut enzymes, and small or large fragments can be prepared from virtually any part of the molecule."

When in 1975 Frederick Sanger in England made available techniques for determining the exact sequence of base pairs in any strip of DNA, it became possible to know, chemically, which specific base pairs composed each gene.

This was a momentous advance, because it meant that one could figure out which genes in the DNA **(a gene being nothing more than a series of a 1,000 to 200,000 base pairs)** coded for which proteins.

If you knew the protein that caused sickle-cell anemia, or insanity, or superbright intelligence, you could figure out exactly where on the DNA strip that protein was coded for.

By 1978 other researchers had prepared an exact nucleotide sequence map of each of the 5,226 base pairs in SV 40.

The next step:

Why not manipulate the genes, and see what SV 40 does if we remove some genes or add others?

Thus Genetic Engineering, shortly to be called Biotechnology, was born.

But Nathans had not yet added pieces of foreign DNA to anything.

The recombinant part of the story, marrying strips of DNA from unrelated organisms, occurs on an area of the map hitherto silent in the Health Century: the West Coast.

Actually, it began in November 1972, in a kosher deli at Waikiki Beach in Honolulu.

Stanley Cohen, a bearded clinician from Stanford, and Herbert Boyer, an enzyme specialist from the University of California's San Francisco campus, had been attending a conference.

Exhausted by a day of conferencing with Japanese scientists, they talked over a late-night snack about the possibility of **putting DNA from bacteria into other organisms. Bacteria, rather than having DNA in long strings in chromosomes as in mammalian cells, organize their DNA in tiny rings called plasmids, scattered throughout their innards.**

One might slice a gene from the plasmid of an E. coli bacterium and put it in the plasmid of some other organism entirely.

For example, the salmonella germ has a gene that makes it resistant to the antibiotic streptomycin.

If we take that gene and put it into E. coli, E. coli, normally vulnerable to streptomycin, will become resistant.

That is exactly what Boyer and Cohen proceeded to do, and they completed the task in the spring of 1973.

It must be said that Stanford's Paul Berg, who worked out the logic of recombinant technique, receiving a Nobel prize in 1980, came within an ace of preceding Boyer and Cohen, but **he had called off his own planned experiments** because of expressions of environmental concern.

Boyer and Cohen had resolved to delay publication until later that year, but Boyer, bursting with excitement, mentioned their results in passing at a small, select science conference in New Hampshire on 14 June.

Nobody quite understood the significance of his remarks.

It was only later that morning when some other scientist said:

"Well, now we can put together any DNA we want to", that the hall began to buzz with excitement.

Biotechnology had just been created.

Lewis Thomas has called the technology of recombinant DNA

> *"The single most profound, and at the same time most significant, advance in biological science in the twentieth century... a fundamental research tool for studying the inner working of cells. It now begins, to seem as if there are almost no interesting questions [about cells] that cannot be answered by the use of these techniques."*

While these ennobling perspectives were evident to Thomas, **more commercially lucrative vistas opened themselves to other observers.**

Neither thought of taking out a patent. And only **when the Stanford University patent officer read an article about their work in the New York Times** a year later, just before the expiry deadline for the application, **did the commercializing of recombinant technology begin.**

Otherwise recombinant DNA would have remained a scientific curiosity.

Boyer (who would soon become a founder of Genentech) and Cohen ceded any royalties from the invention to their respective universities.

Gideon Goldstein, who has made several important contributions to the field, said: **"We've definitely entered the molecular age of medicine."**

He mentioned one protein now being bioengineered, erythropoietin, which stimulates the formation of red blood cells.

"Maybe 50 such proteins will be applied to medicine over the next 10 to 20 years. As a result, we have a whole new therapy that we never had before. We were never able to give these proteins."

There are even more gripping possibilities.

Maybe these natural human proteins can be chemically modified, by artificially jiggling the gene.

Such compounds would be even easier to patent than the body's own proteins.

And they could be targeted to specific diseases in a way that natural proteins may not be.

These simple hopes are most of what the multibillion-dollar Biotechnology Industry is all about." - in "The Health Century", 1987.

Genetic Medicine Farce

"For most diseases contributing importantly to mortality in Western populations, epidemiologists have long known that non-genetic factors have high attributable risks, often at least 80 or 90%, even when the specific etiologic factors are not clear.

This follows from observations that rates of cardiovascular diseases, and major cancers differ 5- to 100-fold among various populations and that when groups migrate from low- to high-risk countries, their disease rates almost always change to those of the new environment.

For example, we have been able to identify modifiable behavioural factors, including specific aspects of diet, overweight, inactivity, and smoking that account for over 70% of stroke and colon cancer, over 80% of coronary heart disease, and over 90% of adultonset diabetes." - in "Balancing life-style and genomics research for disease prevention", **Science, 2002.**

Lifestyle is at the Root Cause of What Ails Us Particularly for Chronic Conditions

> ***"An impressive number of studies have shown that lifestyle is the root cause of what ails us, particularly for chronic conditions. The studies also show that changing one's lifestyle can have a dramatic effect on health improvement, both in the prevention and treatment of disease."*** *- Dr Dexter Shurney, MD, MBA, MPH, Assistant Professor Vanderbilt University School of Medicine, Chief Medical Director, Employee Health Plan Vanderbilt University and Medical Center, in "Bringing Lifestyle Into the Equation", Journal of Managed Care Medicine, Vol.14, N.2, 2011.*

It's Time We Stop Blaming Our Genes

"Walter C. Willett in "Balancing life-style and genomics research for disease prevention", Science, 2002, noted that 70% to 90% of the risk for Diabetes, Heart Disease, Cancer, and Autoimmunity is due to environmental factors.

The genes do not drive most chronic diseases.

It is the environment.

It is time we stop blaming our genes and focus on the 70% under the individual's control.

That is the real solution to the health care crisis." - Dr Terry L. Wahls, MD, in "The Seventy Percent Solution", Journal of General Internal Medicine, October 2011.

The Genetic Basis of Disease

"Genetics plays a role, to a greater or lesser extent, **in all diseases.**

Variations in our DNA and differences in how that DNA functions (alone or in combinations), alongside the environment (which encompasses lifestyle), **contribute to disease processes.**

This review explores the **genetic basis of human disease, including single gene disorders, chromosomal imbalances, epigenetics, cancer and complex disorders**, and considers **how** our understanding and **technological advances can be applied to provision of appropriate diagnosis, management and therapy for patients.**" - All four authors are from; Life Sciences, University of Glasgow, UK, in "The genetic basis of disease", Essays Biochemistry, 2018.

Note: Please see in Chapter 13 the following:

The UK Strategy for Rare Diseases – 2018
This Strategy's Vision Has To Become a Reality by 2020

The Genomic Medicine Farce

Genetic Sequencing as it stands has flaws thus unreliable. They are using Genetic Sequencing to justify something that doesn't exist.

"A computer-aided analysis of almost 12,000 human-genetics papers has found more than 700 studies with errors in the DNA or RNA sequences of their experimental reagents.

That amounts to a "problem of alarming proportions", because it suggests that a worrying fraction of studies on human genes are not reliable, says the team that conducted the analysis, led by cancer researcher Jennifer Byrne at the University of Sydney in Australia.

The mistakes could be accidental but, researchers suspect, might sometimes point to fraud." - in "Errors in genetic sequences mar hundreds of studies Misreported nucleotide reagents may be rife in papers on human gene function", Springer Nature, 4 August 2021.

> ***"The idea that medical science will improve the cell-by-cell regulation of telomerase in healthy people, thereby extending youth while at the same time reducing cancer risks, is wishful thinking of the highest order."*** *- Professor Bret Weinstein, Biologist, in "The reserve-capacity hypothesis: evolutionary origins and modern implications of the trade-off between tumor-suppression and tissue-repair", Experimental Gerontology, May 2002.*

The Genomic Psychiatric Farce

"The promise of Medical Genomics for finding the causes and potential treatments for schizophrenia and bipolar disorder has long been promoted by pharmaceutical and genomics companies.

But the genetic heterogeneity of both disorders, and the complex environmental factors that surely must also be involved in the aetiology of these disorders, has seemed to push the pay-off of basic genetics research further and further into the future.

This is why the January 2005 report of a pilot study of a **gene-based diagnostic blood test** for schizophrenia and bipolar disorder is so stunning.

Ming T. Tsuang, Director of the Institute of Behavioral Genomics at the University of California, San Diego, and his international team of colleagues from the USA, Canada and Taiwan used a procedure for using RNA derived from white blood cells.

This procedure – known as 'the Sentinel Principle' – was invented and patented by C. C. Liew, Chief Scientist ChondroGene, a private genomics firm in Toronto, Canada.

They took blood from 30 subjects with schizophrenia, 16 with bipolar disorder and 28 normal controls.

Using a microarray analysis, they found that each disease state exhibited a unique expressed genome signature, allowing for the objective biological differential diagnosis of mental disorders for the first time (perhaps) in history.

They examined **8 candidate biomarker genes** and with **95–97% accuracy** were able to use them as blood biomarkers to discriminate between schizophrenia, bipolar disorder and normal controls.

As they conclude in their abstract: 'We therefore propose that blood cell derived RNA may have significant value for performing diagnostic functions and identifying disease biomarkers in schizophrenia and BPD' (Tsuang, 2005). Is this the dawning of a 'third biological psychiatry'?" - Richard Noll, in "The blood of the insane", 2006.

The GenBank

"The GenBank Genetic Sequence Data Bank is a U.S. Government-sponsored, **computerized repository of nucleotide sequences**, annotated to provide information about the bibliographic, functional, and physical contexts of the sequences.

As of August 1987 the database held approximately 15,000 entries containing nearly 15,000,000 nucleotides.

These **entries have been compiled from** some 18,000 **articles and unpublished direct submissions.**

GenBank was created in 1982 by the National Institute of General Medical Sciences of the National Institutes of Health (NIH) in response to a critical scientific need for a timely, centralized, accessible repository for genetic sequences.

Current co-sponsors include the **National Institute of General Medical Sciences, the National Cancer Institute, the National Library of Medicine, the National Institute of Allergy and Infectious Diseases, the National Heart, Lung, and Blood Institute, the National Institute of Arthritis, Diabetes, and Digestive and Kidney Diseases, the National Institute of Dental Research, the National Eye Institute, the Division of Research Resources of the NIH, The National Science Foundation**, the Department of Energy, and the U.S. Department of Agriculture.

Since 1 October 1987, GenBank operations are being administered by IntelliGenetics, Inc." - in "Nucleic Acids Research", Vol.16, N. 5, 1988.

"All Disease Has a Genetic Component" or The Genetic Medical Trade Business Model: Leading to More Tests & Therapeutics

"Human Genome Research: In congressional testimony, Dr Francis Collins, the Director of the National Human Genome Research Institute, described the potential that the information generated by the HGP holds for medicine and public health.

He stated that the **human genome sequence provides foundational information that now will allow development of a comprehensive catalog** of all of the genome's components, determination of the function of all human genes, and deciphering of how **genes and proteins work together in pathways and networks.**

Completion of the human genome sequence offers a unique opportunity to understand the **role of genetic factors in health and disease**, and **to apply that understanding rapidly to prevention, diagnosis, and treatment.**

This opportunity will be realized through such genomics-based approaches as identification of genes and pathways and determining how they interact with environmental factors in **health and disease**, more precise **prediction of disease susceptibility and drug response, early detection of illness, and development of entirely new therapeutic approaches.**

As Dr Collins stated, **with completion of the human genome sequence, scientists will now focus on understanding the clinical and public health implications of the sequence information.**

All disease has a genetic component and, therefore, genomic research has the potential to substantially reduce the collective burden of disease in the general population.

Clinical genetic tests are becoming available at a rapid rate, with 1,271 clinical genetic tests currently available.

In addition, private insurers are beginning to include some **clinical genetic tests** in their health insurance benefits packages as evidence of the tests' clinical validity accumulates." - in "The Genetic Information Nondiscrimination Act of 2008", Congressional Research Service Report RL34584, 2 October 2008.

Genetic Testing

"Genetic Testing is moving from analysis of specific genes to sequencing of the whole genome.

Clinical genome-wide sequencing is already offered by a handful of private companies and diagnostic laboratories in the US and by some countries in Europe.

In December 2012, the UK prime minister announced ambitious plans to sequence the whole genomes of 100,000 NHS patients over the next 3 to 5 years.

And in July the Department of Health set up Genomics England to help deliver the 100K Genome Project into mainstream healthcare in the NHS, **with the initial focus on patients having genetic testing for the diagnosis of rare disorders, cancers, and infectious disease."** - in "Policy challenges of clinical genome sequencing", British Medical Journal, 22 November 2013.

The "Disease Genes" Farce

"The genomic sequence will be the raw material for the Science of the twenty-first century." *- Walter Gilbert, 1986.*

Statements such as this arise from the recognition that the wealth of sequence data becoming available will convert biology from a science primarily of data collection and exploratory experimentation to one more driven by mathematical analyses and the testing and refinement of theoretical hypotheses." *- in "Genomics", June 1990.*

"Genes and gene defects do not map one-on-one with phenotype and disease." *- in* ***"Tying the genetic sequence to human disease"****, The Lancet, 17 February 2001.*

All Genome Sequences Have "Issues"

"There are many factors that can affect the ultimate genome sequence and annotation that are produced, and both should be considered "works in progress."

This Pearl focuses on eukaryotic sequences, **as they are still subject to greater challenges**, but many factors are universal. The target audience for this Pearl is the wet-bench researcher who can use **web-based genome resources, commercial genomics software,** or has access to a member of the community with a small amount of genomics or bioinformatics experience.

The origin matters. Did the sample originate from a clone, a mixed population (common with microbes), or possibly a hybrid?

Differences between individuals can be single nucleotide polymorphisms (SNPs), but often they involve insertions or deletions (indels) of various sizes, copy number variations (CNV), and even small rearrangements.

Hybrids can have dramatic differences between orthologous chromosomes.

Genome sequences derived from a heterogenous population, especially when CNVs exist, complicate genome assembly, and often the sequence produced is a composite of the major alleles present in the sequenced sample. While **it is very difficult to prove a gene does not exist**, the checks described previously can help to rule out the possibility it is missing because of gaps in the genome sequence." - in "Is reliance on an inaccurate genome sequence sabotaging your experiments?", PLoS Pathog., 12 September 2019.

The Basis for the Pharmaceutical Industry of the Future

"As Julia Bodmer put it in a poem to Father Christmas written in the New Scientist in 1986:

"But if we had the information
On genes which cause ill health,
We could prevent much deprivation
And add to mankind's wealth
So Father Christmas have you,
A Billion Pounds to spare?
Then all together we could lay
The human genome bare."

Although the total cost of the Human Genome Project (**£1.5- £ 2.0 Billion)** may seem large, when spread throughout the major countries of the world, and over a period of 15 years it is insignificant compared with, for example, the cost of a few Trident missiles.

The Human Genome Project will also generate the development of much new technology.

This will provide a remarkable resource for any work aimed at **understanding what to do about health and the treatment of disease in the next century and, through that, will no doubt provide the basis for the Pharmaceutical Industry of the future."** - in "Genetic Sequences", Proc. R. Soc. Lond. B., 1990.

"Genetic Medicine" Farce Or How All Disease Comes Either From "Genes" or "Viruses"

"One of the most striking epidemiological characteristics of Multiple Sclerosis (MS) is the apparent **uneven distribution of the disease across the world.**

The increase in female: male sex ratio **strongly indicates the existence of environmental influence on the risk of MS**, but **the environmental factors may act on a population level rather than on the individual level.**

These observations should prompt epidemiological studies focusing on changes in female life style.

Exposure to sunlight may explain the strong latitudinal gradient in Australia and New Zealand, mediated by skin production of vit-D3, but recent evidence indicates that there is an additional effect of UV exposure independent of vit-D3.

Gene–environment interactions may complicate apparently simple epidemiology.

Genes may provide differences in susceptibility to environmental factors, but the **environment may also influence gene expression.**

New insight into Epistasis (the action of one gene upon another), and Epigenetics (the study of how your behaviours and environment can cause changes that affect the way your genes work) **has forever made the conception of simple causative associations between genes or environment and MS obsolete."** - in **"Why does the north–south gradient of incidence of Multiple Sclerosis seem to have disappeared on the Northern hemisphere?"**, Journal of the Neurological Sciences, **7 October 2011.**

"Multiple sclerosis (MS) is an inflammatory disease of the central nervous system and characterized by neurological and cognitive manifestations.

The disease is more common in populations living in high altitudes with low sun exposure, women more than men. **Multiple Sclerosis is characterized by neurological and cognitive manifestations including visual impairment, tremors, sensory disturbance, ataxia, and sexual dysfunction** (Sharrack and Hughes, 1996).

Based on the clinical manifestations and prognosis of the disease, MS can be presented as relapsing-remitting (most common), primary progressive, and secondary progressive forms (Noseworthy, 1999).

These diverse clinical manifestations of MS imply the involvement of several immunological and chronic inflammatory processes in its pathogenesis (Lucchinetti et al., 1996; Trapp et al., 1999).

Scattered demyelination of the white matter in the central nervous system, perivascular inflammation, axonal damage, and destruction of oligodendroglia with disintegrated blood brain barrier are the hallmarks of MS pathology (Trapp et al., 1999).

Conclusion: There are many in vitro and in vivo studies supporting the immuno-modulative effects of vitamin D in the treatment of MS." - in "Vitamin D and Multiple Sclerosis", Critical Reviews in Food Science and Nutrition, **2012.**

"Multiple sclerosis (MS), is a chronic demyelinating and neurodegenerative disease of an inflammatory and autoimmune nature.

According to Compston and Coles, "Multiple sclerosis is primarily an inflammatory disorder of the brain and spinal cord in which focal lymphocytic infiltration leads to damage of myelin and axons."

This definition of MS is useful to highlight that **inflammation** or, more precisely **low-grade inflammation, is the primary target to address in order to ameliorate the course of the disease.**

Here we show that there is a direct link between human dietary behaviours, gut microbiota, vitamin D, and MS (including other inflammatory neurological disorders), and that nutritional intervention and administration of vitamins D and A (in the case of hypovitaminosis D) may be effective tools withwhich to dampen low-grade inflammation.

Gut microbiota can influence our metabolism and our inflammatory state.

Moreover, through the gut–brain axis, it can also affect the condition of the central nervous system in health and disease.

Gut dysbiosis may be associated with endotoxemia, intestinal / systemic inflammation, and trigger neuroinflammation, whereas a healthy gut microbiota may dampen the inflammatory processes with the production of antiinflammatory molecules.

At present, MS therapy is not associated with a particular diet, probably owing to lack of information on the effects of nutrition on the disease.

It is now clear that our dietary habits influence our health, including neurological disorders, such as MS, PD, AD, autism, stroke, mood, and irritability.

In light of what has been said so far, a healthy diet must have a high fiber content (> 10–15 g/day) and must be varied as much as possible, as this can allow a larger number of different microbial species.

Fecal microbiota transplantation (FMT), applied for the first time in 1978 to treat Clostridium difficile infection, is a technique based on the transfer of fecal content from a healthy donor to an individual with gut dysbiosis to restore a balanced microbial community.

The FMT intervention has proven to be very effective, improving specific chronic diseases associated with gut dysbiosis.

FMT is considered to be like an organ transplantation but without the problem of immunological rejection.

FMT could be an important therapeutic practice to improve the course of MS, as it has been shown that

people with MS have a dysbiotic gut microbiota, and could also be effective in other neurological disorders.

In conclusion: The concept we want to express in this work is that gut microbiota has a strong impact on human health, but it is an ecosystem that evolves "on a leash" by the host.

At the end, host health depends on dietary choices and the intake in particular vitamins D and A." - in **"Diet, Gut Microbiota, and Vitamins D + A in Multiple Sclerosis",** Neurotherapeutics, **2018.**

Perhaps A "Virus"

"Definition of MS: **An unpredictable disease** of the central nervous system.

Many investigators believe MS to be an autoimmune disease - one in which the body, through its **immune system, launches a defensive attack against its own tissues.**

In the case of MS, it is the nerve-insulating myelin that comes under assault. **Such assaults may be linked to an unknown environmental trigger, perhaps a virus.**

Treatment

Currently there is no cure for MS.

Many individuals do well with no therapy at all, especially since many medications have serious side effects and some carry significant risks.

What research is being done?

Scientists at the National Institute of Neurological Disorders and Stroke and elsewhere continue their extensive efforts to create new and better therapies for MS.

One of the most promising MS research areas involves naturally occurring antiviral proteins known as interferons." - in **"Multiple Sclerosis", National Institute of Neurological Disorders and Stroke, National Institutes of Health (NIH), 4 May 2022.**

[Alopecia Areata. Scientists do not know exactly why the hair follicles undergo these changes, but they suspect that a combination of genes may predispose some people to the disease.] ***"In those who are genetically predisposed, some type of trigger–perhaps a virus or something in the person's environment–brings on the attack against the hair follicles. Alopecia areata often occurs in people whose family members have other autoimmune diseases, such as diabetes, rheumatoid arthritis, thyroid disease, Vitiligo, systemic lupus erythematosus, pernicious anemia, or Addison's Disease."*** *- in "The Encyclopedia of Skin and Skin Disorders", 2009.*

"The causes of IBD are not known, but a leading theory suggests that some agent, perhaps a virus." *- in "Pharmaceutical compositions containing pediococcus and methods for reducing the symptoms of gastroenterological syndromes", US9579353B2, US Patent, 2011.*

"What causes Type 1 Diabetes? Experts think Type 1 Diabetes is caused by genes and factors in the environment, such as viruses *- in "Type 1 Diabetes", National Institute of Diabetes and Digestive and Kidney Diseases, July 2017.*

"He said scientists had told him this morning they believed "something natural, perhaps a virus" had triggered the fish kill." *- in "Scientists investigate Brisbane River fish kill", Brisbane Times,19 September 2012.*

"The cluster, however, raises the possibility that the cause is environmental - perhaps a virus or toxin." *- in* ***"Parkinson's Disease a Mystery",*** *The Canadian Encyclopedia, 17 March 2003.*

Genetic Causation of Disease Farce

"By influencing metabolism and inflammation, diet and nutrition can outweigh genetic factors, in determining health outcomes for chronic Western conditions such as: Diabetes, Obesity, IBS, IBD, Colorectal Cancer, and Depression." *- in "Gut Microbiome: Profound Implications for Diet and Disease", Nutrients, 16 July 2019.*

"The term inborn error of metabolism was coined by British physician, Archibald Garrod, in 1908. He is known for the "one gene, one enzyme" hypothesis. Inborn errors of metabolism, if subtle can accumulate incomplete metabolic products that can give rise to chronic degenerative diseases. Chronic degenerative diseases are diseases in which the function or structure of affected tissues or organs will progressively deteriorate over time, whether due to normal bodily wear or lifestyle choices such as exercise or eating habits. A significant fraction of the American population appears to not obtain even the Recommended Daily Allowance (RDA) of some critical nutrients from their food. Levels of deficiencies that fall between the RDA and the levels that produce recognized deficiency diseases (Subclinical Deficiencies) can have serious health consequences. ***In most cases, disease results when the individual elects a lifestyle or diet that alters the expression of the genes in such a way that the weakness or uniqueness of inheritance factors result in a phenotype we call disease. That is why we can consider chronic degenerative diseases as inborn errors of metabolism. Metabolic Correction seems as a very logical approach toward attaining the healthy state." - in*** *"Chronic Diseases as Inborn Errors of Metabolism" International*

Journal of Human Nutrition and Functional Medicine 2014.

"Gut health is at the forefront of complaints, some 80% of our population now recognizes some disorder within the gastrointestinal tract.

I was starting to study, as we started to uncover the story of **Glyphosate within the food**, and I started a basic science laboratory, and Dr John Gilday also having worked with me at the University of Virginia, joined us.

We had an extraordinary experience **exploring this Glyphosate story, and being able to show the direct consequences of Glyphosate on the Small Intestine, Colon, Kidney Cells, Blood-Brain Barrier, devastating the tight junctions causing: Leaky Gut, Leaky Brain, Leaky Kidneys.**

We showed this over, and over again, endlessly, in our clinic, for the last decade nearly now.

And in that work we started to track that to the greater system of **Glyphosate exposures.**

I was able to find a series of maps from the NIH and CDC that overlapped with our Glyphosate spraying maps in an extraordinary way.

That our cancer epidemic that had suddenly emerged between 1996 and 2006, and that 10-year period the whole cancer map in the United States flipped, we had always had the highest cancer mortality up in the Northeast, suddenly it was in the deep South.

So, in a 10-year period we reversed the pattern of Chronic Cancer expression in our environment **and that should be impossible, if the former definition of cancer is most "Common Genetic Disease", that can't happen if we have the right model of cancer.**

So it was forcing us to really look deeper and deeper into this story, to find out that **85% to 90% of Glyphosate sprayed in the United States is collected into a single water system that is the the great Mississippi river, its largest water system in North America, it collects all of that Glyphosate which is the water soluble toxin and consolidates it into the last 90 miles of the river, which runs from Baton Rouge to New Orleans, and that area of**

Louisiana is called "Cancer Alley", the highest rates of cancer in the entire developed world, and so a stunning demonstration of this so we thought oh my god the world needs to know." - Dr Zach Bush, MD in "The Top Toxins That Damage Your Gut", 28 October 2021.

Cancer Alley

"The term "Cancer Alley" was first coined in the 1980's.

They Don't Call It "Cancer Alley" For Nothing.

Between Baton Rouge and New Orleans, the banks of the river are home to some of the highest concentrations of such **(Industrial) facilities.**

Known as "cancer alley," this area includes Iberville, St. James, St. John the Baptist and East and West Baton Rouge Parishes.

Chlorobenzene, carbon tetrachloride, formaldehyde, and aniline, to name just a few of the chemicals listed in environmental researcher report.

Many are known or suspected carcinogens that can damage the nervous system, irritate skin and mucous membranes, cause asthma, dizziness, chronic pulmonary edema, cause a multitude of cancers including cancer of the brain, bladder, blood, kidneys, lungs, and spleen." - in "Big Easy Magazine", 1 April 2019.

"Almost every household has somebody that died with cancer or that's battling cancer.

Reserve sits in the heart of an industrial corridor between New Orleans and Baton Rouge.

For more than 30 years, it has been known to many of its residents as "Cancer Alley".

That designation stems from the **toxic pollution** that is belched out from chemical plants along the serpentine squiggles of the lower Mississippi River.

DuPont, the compound's creator, has also argued against government reclassification.

But, quietly, the company has long been aware of the chemical's risk.

From the mid-1940s, DuPont scientists studied the effects of chloroprene on human health.

In a 1956 technical manual on neoprene, marked as confidential and numbering hundreds of pages, the warning is short but stark.

The document was unearthed by the Guardian amid thousands of records at DuPont's archives in Wilmington, Delaware.

It comes from DuPont's first neoprene facility built in Kentucky in 1941 and closed in 2008 amid community outrage over the site's emissions.

The manual states that chloroprene:

> *"may enter the body either by inhalation or by absorption through the skin".*

It warns that if consumed at high concentrations chloroprene

> ***"causes depression of the central nervous system and damage to vital organs."***

- in "The Guardian", 6 May 2019.

While YOU Where on LOCKDOWN

> ***"Cancer-related assets accounted for more than 50% (8) of the top 15, with 4 in the Cancer Immunotherapy area, demonstrating that Biopharma's appetite for this area is far from sated.***
> ***Collectively, the Cancer deals had a value (Biobucks included) of almost $24 Billion, out of a total of just over $40 Billion overall.***
> ***More than half the value of those Cancer deals came from the top two, AstraZeneca/Daiichi Sankyo and Merck & Co/Seattle Genetics."*** *- in, "The top 15 Biopharma Licensing Deals of 2020", Fierce Biotech, 27 April 2021.*

Neither Cure nor Prevent Genetic Errors but Often Cause Many Side Effects

"**The human genetic code** encrypted in thousands of genes holds the secret for synthesis of proteins that drive all biological processes necessary for normal life and death.

Though the genetic ciphering remains unchanged through generations, some genes get disrupted, deleted and or mutated, manifesting diseases, and or disorders.

Current treatment options: chemotherapy, protein therapy, radiotherapy and surgery, **available for no more than 500 diseases - neither cure nor prevent genetic errors but often cause many side effects.**

From Minor Discomfort to Death

Every prescribed and non-prescribed drug comes with unwanted side effects, ranging from minor discomfort to death.

According to Drugwatch, a non-profit drug information network and organization, an estimated **4 Million patients in the USA alone visit doctors annually due to Adverse Effects of Prescription Drugs.**

With an estimated US $11 Billion market in the next 10 years, both clinical trials and Pharmaceutical Industry are anticipated to benefit immensely from gene therapy. " - in "Gene Therapy Leaves a Vicious Cycle", Front. Oncol., 24 April 2019.

70 years of Genetics and Genomics in Healthcare

"The expanding role that genetics and genomics has played in the NHS over the last seven decades.

In 1946, just 2 years before the birth of the National Health Service (NHS), the first genetic counselling clinic in Europe was established at Great Ormond Street, London, to support families affected by rare, inherited conditions.

In the decades that followed, knowledge of the genome and techniques in genetic testing steadily improved.

And, thanks to advances in **genomic technologies and breakthrough initiatives like the 100,000 Genomes Project, the NHS is now set to mainstream the use of genomic sequencing** in patient care, with the introduction of the **Genomic Medicine Service.**

In 2014, Health Education England (HEE) launched a 4-year £20 Million Genomics Education Programme (GEP), to ensure that our 1.2 million-strong NHS workforce has the knowledge, skills and experience to keep the UK at the heart of the genomics revolution in healthcare.

A Revolution in Medicine,
A Revolution in Diagnosis and Treatment

The Genomics Education Programme objectives are:

Prepare the workforce to deliver the new England-wide NHS **Genomic Medicine Service.**

Support the completion of the landmark **100,000 Genomes Project.**

Provide the best education opportunities in genomics for the NHS workforce.

Develop strategic collaborations to keep the UK at the forefront of genomics in healthcare."

- in "Health Education England's Genomics Education Programme", NHS, 5 July 2018.

Genomic Medicine

"The NHS becomes the first health service in the world to routinely offer Genomic Medicine.

From 1 October, hospitals across England will be connected to specialist centres that read, analyse and **interpret patient DNA to help diagnose rare diseases**, match patients to the most effective treatments.

The move marks a big step towards "precision medicine", which offers more efficient therapies that are tailored to individual patients.

The service will build on foundations laid down by the 100,000 Genomes Project, a huge DNA sequencing effort run by Genomics England, a company formed by the Department of Health in 2013.

Genomics England has set up 7 genomic hubs across the country to deliver DNA tests on cancer, rare diseases and other conditions.

A separate lab in Cambridge will perform whole genome sequencing when all 3.2bn letters of the human DNA code are needed. Because DNA test results are often complex, 13 national genomic medicine centres will draw on multidisciplinary teams of specialists to work through results and write reports for patients." - in **"Routine DNA tests will put NHS at the "forefront of medicine",** The Guardian, 3 July 2018.

Genetic Sequence Patents

"Over the last 12 years, the number of patents containing nucleic acid or protein sequences that are granted by patent offices has been constantly increasing.

Two distinct types of information are typically required in order for a sequence-based invention to be deemed patentable: **a description of the gene's composition, that is, its sequence, and the function or utility assigned to it.**

The nature of the evidence of utility to be provided in order to satisfy the patentability criteria is the subject of intense controversy and has been widely debated.

In contrast, **the issue of how to describe the sequence in patent applications is hardly ever raised—either by the scientific or by the legal community**—despite the fact that the accuracy with which a sequence is described in a patent has a major impact both on the validity of the patent and on the scope of the protection it provides." - in "Genetic sequences: how are they patented?", Nature Biotechnology, February 2004.

The Business Plan for Pandemic

"The Pandemic Influenza Preparedness Framework.

We examine the changes that need to be made to address the growing likelihood that **genetic sequence data** might be shared **instead of physical virus samples.**

The **Pandemic Influenza Preparedness (PIP) Framework was a milestone agreement** in promoting international sharing of biological samples to **develop vaccines.**

Now genetic sequencing data (GSD) can allow scientists to develop **synthetic viruses** rapidly for product development.

Electronic transfer of GSD could enable wider access to researchers to innovate and share findings, speeding development of life-saving technologies in a time-sensitive **global emergency.**

In a globalized world, with **myriad emerging infections,** the framework's narrow scope excludes the vast majority of future threats.

The WHO finds it hard to govern these and other nonstate actors.

When it does mobilize multiple stakeholders, the norms set are usually voluntary.

A perennial weakness of international agreements is their inability to **assure compliance.**

The PIP Framework offers an innovative template for future global health agreements.

The framework brought together the WHO secretariat, member states, and the Pharmaceutical Industry in an unprecedented way.

The PIP Framework uniquely creates legally enforceable contractual obligations on participating private and academic partners that manufacture vaccines, antivirals, or diagnostics.

Consequently, as a method of global health governance, the framework has the potential to be transformative." - in "Virus sharing, genetic sequencing, and global health security", Science, 12 September 2014.

Pandemics

"A pandemic is a disease outbreak that spans several countries and affects a large number of people.

Pandemics are most often caused by viruses, like Coronavirus Disease 2019 (COVID-19), which can easily spread from person to person. A new virus, like COVID-19, can emerge from anywhere and quickly spread around the world. It is hard to predict when or where the next new pandemic will emerge.

Stay Safe During a Pandemic:

Follow the latest guidelines from the CDC.

Refer to your local and state public health departments for vaccine and testing updates.

Get Vaccinated:

Vaccines stimulate your immune system to produce antibodies, so vaccines actually prevent diseases." - in **"Pandemic", READY.GOV,** 18 November 2021.

The Coalition for Epidemic Preparedness Innovations (CEPI) - 2017

"The Coalition for Epidemic Preparedness Innovations (CEPI) was launched at World Economic Forum (WEF), Davos 2017 as the result of a consensus that a coordinated, international, and intergovernmental plan was needed to develop and deploy new vaccines to prevent future epidemics.

We are an innovative global partnership between public, private, philanthropic, and civil society organisations working to accelerate the development of vaccines against emerging infectious diseases." - in CEPI, **2017**.

The World Health Organisation (WHO) is Worried About Disease X and You Should be Too - 2018

"The inescapable truth for those who study disease outbreaks, new viruses, and the spread of illness is a haunting one. The next pandemic is coming." - in "World Economic Forum", 15 March 2018.

The World Economic Forum (WEF)And UN Sign Strategic Partnership Framework -2019

"The World Economic Forum and the United Nations signed today a Strategic Partnership Framework outlining areas of cooperation to deepen institutional engagement and jointly accelerate the implementation of the 2030 Agenda. The UN-Forum Partnership was signed in a meeting held at United Nations headquarters between UN Secretary-General António Guterres and World Economic Founder and Executive Chairman Klaus Schwab.

Financing the 2030 Agenda – Mobilize systems and accelerate finance flows toward the 2030 Agenda. **Collaboration will seek to build a shared understanding** of sustainable investing, especially in **small island developing States, least developed countries and landlocked developing countries.**

Climate change – Achieve clear, measurable and public commitments from the private sector to reach carbon neutrality by 2050. **Collaboration will seek to increase the ambition of and accelerate commitments and platforms for public private cooperation** in critical high-emitting **sectors such as transportation, including land-based transport, shipping and air travel, and heavy industry, particularly**

steel, cement, oil and gas and aluminium. The UN-Forum partnership will increase the ambition of and accelerate commitments and platforms for public private cooperation in critical areas of adaptation such as early Warning Systems, Disaster Risk Reduction, improving the resiliency of essential services such as Water/Sanitation, Health and Education (where the private sector plays an increasingly important role).

Health – Support countries achieve good health and well-being for all, within the context of the 2030 Agenda, focusing on key emerging global health threats that require stronger multi-stakeholder partnership and action.

Digital cooperation – Meet the needs of the Fourth Industrial Revolution while seeking to advance global analysis, dialogue and standards for digital governance, and promote public-private partnerships to address global reskilling and lifelong learning for the future requirements for work and preparing the world's 1.8 Billion young people for this transition.

Education and Skills - Education is an indispensable force, driving inclusive green growth to achieve the Sustainable Development Goals (SDGs). The UN-Forum partnership will strengthen linkages between governments, business, education and civil society to improve access to relevant education and training, strengthen skills anticipations systems, recognize skills and qualifications within and across-borders." - in "World Economic Forum", 13 June 2019.

Just imagine: Using "pandemics" to close down these industries:

"Transportation, including land-based transport, shipping and air travel, and heavy industry, particularly steel, cement, oil and gas and aluminium."

A wonderful business opportunity.

Chapter 10

The Virus Theory

"There are two kinds of dangers, one is that we've arranged a society based on Science and Technology, in which nobody understands anything about Science and Technology, and this combustible mixture of ignorance and power, sooner or later is going to blow up in our faces. I mean: Who is running the Science and Technology, in a democracy if the people don't know anything about it?
And the second reason that I am worried about this is that; Science is more than a body of knowledge, it's a way of thinking, a way of skeptically interrogating the universe with a fine understanding of human fallibility.
If we are not able to ask skeptical questions, to interrogate those who tell us that something is true, to be skeptical of those in authority, then we're up for grabs for the next charlatan, political or religious who comes ambling along." *- Carl Sagan, in his last interview with Charlie Rose on 27 May 1996.*

"Dr Rivers **(Rockefeller Institute),** *emphasised the intimate relation that appeared to exist between the viruses and their host cells as evidenced by the occurrence in certain host cells of inclusion bodies one type of which, notably the Bollinger body of fowl pox, undoubtedly contains virus, and by the fact that* ***positive results in the course of attempts to cultivate viruses in vitro had been obtained only when living cells were present. He and his co-workers had failed to demonstrate growth of vaccinia virus in purely artificial media free of tissue cells."*** *- in "Problems of Filterable Viruses", Nature, 9 January 1932.*

"I recall a visit to the office of a physician in the United States. A man brought in his diabetic child for a routine check, and looking up his case record, the physician commented that he was some weeks overdue with his appointment. ***The man explained that the child had been sick, for "the virus" had been going around their home. At the mention of the word virus, the physician leaned forward in his chair, turned to me and asked: "Do you have the virus in your country, doctor? We have it over here, but I have not found it yet."*** *- Dr John Lister, MD, in "Searching for the Virus", NEJM, 31 May 1956.*

"Those detailed studies that have been made show that what is apparently the same virus can have significantly different properties when coming from different environments." *- in "Principles of Classification Illustrated by the Problem of Virus Classification", 1962.*

"Owing to the confusion of influenza with other similar fevers it is not possible to trace it very far back in human history. *The first scientific demonstration of the existence of "filtrable viruses", as they came to be called, was made in 1892 by Iwanowsky, a Russian botanist, who was working with a disease of the tobacco plant known as "mosaic".* ***Viruses contain only one type of nucleic acid, DNA or RNA, never both, they can only replicate inside a living cell. Occult virus is used to describe the case where virus particles cannot be detected and in which the actual state of the virus cannot as yet be ascertained. It is preferred to "masked"****, since this word has been used in a number of contradictory meanings." - in "Introduction to Virology", 1980.*

"The truth about any important question cannot be found unless a certain amount of independent work is done*, and anyone who is afraid of work cannot possibly arrive at the truth." - Lenin*

The Definition Virus

"Loeffler in 1898 defined a filterable virus as "the virus of an infections diseases which is so small that it will pass through the pores of a Berkefeld or Chamberlain filter.

An ultramicroscopic virus, is a virus which is too small to be seen with a microscope."

It is most difficult to formulate a definition of a virus which will fit even the meagre facts known about viruses today and at the same time provide, a concept for H**ypothetical Viruses** of which we know practically nothing.

Undoubtedly we all have a mental concept or mind picture of what we consider a virus.

We may adhere tenaciously to the belief that all viruses are living agents or particulate units, or we may consider the vast majority of viruses in this light and recognize the further possibility that viruses may exist in an unorganized state. We may even be willing to admit of the possibility that some **viruses are non-living.**

The facts are that we do not know the exact nature of many so-called viruses.

We have impressions, ideas, and theories; we have personal convictions based on experience, experiment, logic and reason; but with regard to many filterable viruses, the great majority in fact, we lack both cultural and morphological data, and **our information is essentially limited to the relation of these viruses to external physical agents.**

What then should be our attitude in defining a virus?

Suffice it to say that, in the light of our present knowledge we believe the statement is justified that at least one type of virus (perhaps all types) may be defined as a living **particulate agent which may be capable of inducing disease.**

In this sense we may recognize living particulate agents which are both pathogenic and nonpathogenic and include in this definition bacteria, protozoa, the filterable viruses, etc.

In addition to this group **we are further willing to admit of the possibility of the existence of a group of unorganized agents which may or may not cause disease.**

In this group we should place poisons, both chemical and animal, toxins, enzymes, etc., and any other hypothetical disease-producing substance or substances which, at present, are part of the great unknown and do not form part, of our knowledge.

The term "virus" is an old one and originally it was derived from the Latin, meaning poison.

Time has modified our understanding of the original translation of this word.

Several "virus terms", have been in common usage since the latter half of the nineteenth century such as "virus animatum", "dehumanized virus", "humanized virus", "virus fixe" and "street virus", with all of which the student is familiar.

Some of these terms are little used today.

Other words have been compounded with the term virus such, for example, as **"viruliferous" (L. virus (poison)** and ferre (to bear); hence the definition "conveying or producing a virus or infective germ").

Still another term more recently introduced into the literature is "virucidal" or "virucide" (virus (poison) and L. caedere (to kill) and is defined as "destructive to viruses."

Probably the most general classification of this group of diseases can best be made upon the basis of host susceptibility.

This factor is quite generally known and in grouping the diseases according to their occurrence the finer known characteristics of the viruses may be taken into account and upon these points the place of each particular disease in the grouping may be determined.

A classification of the human diseases follows." - in "Filterable Virus and Rickettsia Disease in the Tropics", Porto Rico Review of Public Health and Tropical Medicine, Official Bulletin of the Department of Health and the School of Tropical Medicine, under the auspices of Columbia University, January 1929.

The Criteria for the Assumption of Disease Having Been Transmitted to an Animal

"The criteria that would allow of the assumption of the disease having been successfully transmitted to an animal are:

1. **After injection of virus**-bearing material which, with the ordinary substrates, does not show any growth of micro-organisms, the animal ought, preferably, to **display clinical symptoms.**
2. **The organ to which the virus has been applied must display lesions** observable under the microscope, and aerobic and onaerobic cultures from the same organ, made immediately after death, must not display any growths.
3. In the cases where an extract from a healthy organ of the animal does not produce supersensitive reactions after intracutaneous injection into man, an antigen properly prepared from the organ which has been inoculated, should produce positive intracutaneous reactions in L.I. patients, while control persons, healthy, or suffering from other diseases, should react negatively.
4. **It should be possible to transfer experimentally produced disease by passage to healthy animals of the same, or another kind, and there cause similar morbid symptom.**

The possibilities of passing virus from animal to animal vary very considerably.

In this matter, two factors are concerned; first, **the receptivity of the animal."** - in "Definition of L.I. Virus and Description of the Preliminary Material for the Investigations", APMIS,1935.

Please note the idiotic notion that a virus will attack and replicate in a single organ. Also note that this criteria to attribute a disease to a "virus" has never been demonstrated.

The CDC Needs Plagues or Pandemics to be Kept Relevant and Justify its Existence

"Science has very clear rules: Claims must be proven - they must be transparent, comprehensible and verifiable.

What virologists, physicians and science journalists fail to mention is that the theory of **viruses as protein toxins** had to be abandoned in 1951.

That year two control experiments were carried out.

In order to test the toxin virus theory:

Rather than only exposing tissues supposedly damaged by viruses, healthy tissues were also exposed to putrefaction.

It was found that the proteins produced by the decomposition of healthy tissue were the same as those produced by the decomposition of "virus-damaged" tissue. This disproved the virus assumption.

On top of this, the theory pre-1951 of **what a virus is, was refuted by the fact that no one could ever find or photograph anything different in people or animals supposedly infected with a virus from what can be found or photographed in healthy subjects, using the electron microscope. This is still the case today."** - Dr Stefan Lanka, Biologist in "Wissenschafftplus", April 2020.

> ***"We believe there is an unholy conflict of interest inherent at National Institute of Health (NIH). Consider the fact that each year, NIH doles out $32 Billion in grants to approximately 56,000 grantees. Now we know that over an 11 year period, there is going to be approximately $350 Million flowing the other way from third-party payers, many of which receive NIH grants, and those payments are flowing back to NIH scientists, and leadership."*** *- Adam Andrzejewski, in "The Epoch Times", 9 May 2022.*

"At the end of the 1970's the US National Institutes of Health (NIH) came into unsettled political waters - just like the CDC, which was extensively restructured at the beginning of the 1980s. As a result, at the CDC, and NIH, the most powerful organizations related to Health Politics and Biomedical Science, the great contemplation began.

To redeem themselves, a new "war" would, of course, be the best thing.

Despite perpetual setbacks, an "infectious disease" remained the most effective way to catch public attention and open government pockets.

In fact, ***Red Cross officer Paul Cumming told the San Francisco Chronicle in 1994 that "the CDC increasingly needed a major epidemic" at the beginning of the 80s "to justify its existence."***

And the HIV/AIDS theory was a salvation for American Epidemic Authorities.

"All the old virus hunters from the National Cancer Institute put new signs on their doors and became AIDS researchers. [US President Ronald] Reagan sent up about a Billion Dollars just for starters", according to Kary Mullis, Nobel laureate for Chemistry. "And suddenly everybody who could claim to be any kind of medical scientist and who hadn't had anything much to do lately was fully employed. They still are." *- in "Virus Mania", 2007.*

A New CDC Team - 2022

"New CDC team: A new team of federal health scientists has been formed to provide real-time data on the coronavirus and future outbreaks — a 'National Weather Service' to forecast what's next in the pandemic.

About 100 scientists will analyse technical data and communicate policy options to decision-makers and the public about how the virus is behaving and who is most at risk.

The Center for Forecasting and Outbreak Analytics, which starts with USD $200 Million in funding, was created last summer **to improve understanding by the CDC and the government more broadly of the coronavirus — and future outbreaks**.

White House officials formally launched the effort Tuesday at a summit hosted by **the Office on Science and Technology Policy** on strengthening U.S. **early-warning systems for health threats.**" - in "New CDC team: A 'Weather Service' to forecast what's next in pandemic", Washington Post, 19 April 2022.

"Whether this season's swine flu turns out to be deadly or mild, **most experts agree that it's only a matter of time before we're hit by a truly devastating flu pandemic - one that might kill more people worldwide than have died of the plague and AIDS combined.**

But what if everything we think we know about fighting **influenza is wrong?**

What if Flu Vaccines do not protect people from dying - particularly the elderly, who account for 90% of deaths from seasonal flu?

Some top flu researchers are deeply skeptical of both flu vaccines and antivirals.

Influenza viruses mutate with amazing speed, so each flu season sees slightly **different genetic versions** of the viruses that infected people the year before.

Every year, the World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC), collect data from 94 nations on the flu viruses that circulated the previous year, and then make an **educated guess** about which viruses are likely to circulate in the coming fall.

Flu comes and goes with the seasons, and often it does not kill people directly, but rather contributes to death by making the body more susceptible to secondary infections like pneumonia or bronchitis.

Dr Tom Jefferson, MD head of the Vaccines Field at the Cochrane Collaboration, says:

"For a vaccine to reduce mortality by 50% and up to 90% in some studies means it has to prevent deaths not just from influenza, but also from falls, fires, heart disease, strokes, and car accidents.

That's not a vaccine, that's a miracle." - in "Does the Vaccine Matter?", The Atlantic, November 2009.

The Science of "Virology" Based on Consensus; No Proof Needed

"The first formation of **consensus** can be dated in the 1920's and 1930's and was articulated by, for instance, Thomas M. Rivers.

In 1932 **Rivers, a Nestor of American virus research**, suggested that viruses could be distinguished from other pathogenic micro-organisms because they were characterized by "Three negative properties:

1. Invisibility by ordinary microscopic methods.
2. Failure to be retained by filters impervious to well-known bacteria.
3. Inability to propagate themselves in the absence of susceptible cells."

In the 1950's and 1960's a new definition of viruses gained general **consensus**.

In 1957 Andre Lwoff articulated an explicit definition of viruses, which I will designate **the "modem concept of virus".**

Essentially, this was a definition in chemical and structural terms, which was based upon the functions of the various components which could be discerned.

In 1962 this was expressed by the biophysicists Donald Caspar and Aaron Klug as follows:

There are 2 key facts about viruses from which all consideration of their structure and functional organization must proceed.

The first is that the essential infective agent of **all viruses is a high molecular weight nucleic acid component, either; Deoxyribonucleic acid (DNA), or Ribonucleic acid (RNA).**

The establishment of **new consensus**, the history of virus research in the 20th century can be divided into 3 phases.

The first period stretches from the closing of the nineteenth century until the acceptance of the concept of “filterable virus” in the first decades of the 20th century.

The second period lies between the formation of this **first consensus** and the formation of the **second consensus** in the 1950's and 1960's.

A **third** period **concerns virus research which is based upon the “modem concept of virus” and is still continuing.**

Thus, although there is now a **strong consensus** that there is a category of “viruses” - **expressed by the publication of many textbooks on viruses and the existence of Departments of Virology - the history of virus research cannot be presented as the study of these “viruses” from different perspectives.**

The position taken by Andre Lwoffin 1957 that **“viruses should be considered as viruses because viruses are viruses”** is open to criticism.” - in “History of Virus Research in the Twentieth Century: The Problem of Conceptual”, History of Science, 1994.

> ***“Historically, the claim of consensus has been the first refuge of scoundrels; it is a way to avoid debate by claiming that the matter is already settled.***
> ***Whenever you hear the consensus of scientists agrees on something or other, reach for your wallet, because you're being had.***
> *The greatest scientists in history are great precisely because they broke with the consensus.” - Dr Michael Crichton, MD, in “Lecture at the California Institute of Technology”, 17 January 2003.*

"The Right questions haven't been asked, in fact 4 of the most dangerous words in the English language are:

> ***"The scientific Consensus Beliefs", or "The Scientific Consensus Agrees"***

Historically speaking those are 4 words you want to be very very careful of.

Let me give you a brief lesson here, on how the science works a dominant theory takes hold.

Everybody jumps on board, and the reality of human nature, and group think takes hold.

People follow what is told to them, there's a lack of critical thinking." - Dr Suneel Dhand, MD, "The $cience", Versus Science: Don't be Fooled", 26 August 2022.

The "Science" of Virology, is resumed in one sentence:

> ***"The Pursue of Fraud for Financial Gains."***

Not for the betterment of mankind, nor the cure of disease.

But for the sole purpose of the exploration of the ignorant for financial gain.

Tobacco Mosaic Virus

"Tobacco mosaic virus played a central role in establishing the field of virology; it was in fact **the first virus to be recognized.** In 1935, while at the **Rockefeller Institute**, Stanley purified tobacco mosaic virus and derived **fine needle-like crystalline** preparations which were fully active and infectious. This achievement was not only the initial crystallization of a virus, but also the unprecedented and unexpected example of a living entity occurring in the crystalline state.

Tobacco mosaic virus (TMV) was subsequently shown to be a single-stranded RNA virus of filamentous morphology." - MD PhD David Rifkind, MD MS Geraldine L. Freeman, in "Tobacco Mosaic Virus ", The Nobel Prize Winning Discoveries in Infectious Diseases, 2005.

"Tobacco Mosaic Virus (TMV) has played a prominent role in the development of the concept of viruses as pathological agents and in unraveling the composition and structure of these unique agents. It also is the virus with which many concepts and phenomena unique to plant virology have been discovered. In 1970 my colleague V. Hari, and I ascertained that TMV-infected tissues contained at least 4 viral proteins. Subsequent events showed these to be the 126-kDa and 183-kDa proteins of the replicase complex, the 30-kDa movement protein, and the 17.6-kDa coat protein. There is also an open reading frame for a 54-kDa protein within the read-through portion of the 126-kDa replicase protein, coincident with sequences in the 183-kDa protein. **This protein has not been detected in diseased tissues, however.** The widely-adopted coat protein-mediated protection concept was developed in 1983-84 in the laboratory of Roger Beachy, then at **Washington University**, in collaboration with scientists at the **Monsanto Company who had developed technology for plant transformation. This concept has now been widely applied to at least 30 different viruses, representing at least 15 genera."** - in "Encyclopedia of Virology", 1999.

"Among the tobacco plantations I have visited in Russia, I have found mosaic disease in the Crimea and along the east coast of the Black Sea.
The mosaic disease does not exist in Little Russia and Bessarabia.
We come to the conclusion that this disease finds favourable conditions of existence only in coastal regions with the influence of moisture on the development of the disease.
Mosaic disease appears to be unique to humid and warm climates.
Despite the fact that the root systems of both plants were closely interwind, the unvaccinated plant remained healthy. This agrees well with the fact above that the roots do not contain the pathogen.
In any case this experiment shows that the close proximity of a disease plant poses no danger to the healthy plant." -
D. Iwanowski, in "Über die Mosaikkrankheit der Tabakspflanze", Zeitschrift für Pflanzenkrankheiten, Vol.13, No.1, 1903.

The Variola Virus Farce

*“**Smallpox is an acute contagious disease caused by the variola virus, a member of the orthopoxvirus family.**” - in “Smallpox”, **WHO**, 14 July 2022.*

“The Role of Secondary Infections In the Hemorrhagic Forms of Eruptive Fevers - HAUSHALTER and ETIENNE (Revue mensuelle des Maladies de l'Enfance, June, 1898) have found that in variola haemorrhagic complications appear to be due to a secondary infection of the streptococcus.

This organism has been found in pure culture in the blood and viscera of a child dead of a haemorrhagic septicemia appearing at the period of pustulation.

The disease had been contracted in the hospital during convalescence from diphtheria.

But the most important argument for this view was found in a distinct dissociation observed to exist between variola and haemorrhagic streptococci septicemia, as instanced in a child affected with a discrete and very benign variola, developing normally; during the convalescence fatal haemorrhagic complications occurred as the result of the removal of the patient during the first period of the disease to a ward in which haemorrhagic cases of the disease were being cared for.

Moreover, the haemorrhagic form appeared to be independent of previous vaccinations.

The authors conclude that in variola a mixed or secondary haemorrhagic streptococci infection may occur.

A generalization of these conclusions with reference to other infectious diseases was offered by a case showing a haemorrhagic staphylococci septicemia during the desquamative stage of scarlatina.” - in “The American Journal of the Medical Sciences”, November 1898.

The Rabies Virus Farce

"Frankly, **I confess that I do not believe that these objections are of great value, because the fact of not being able to demonstrate in many parts**, even though they are virulent, **the existence of the parasite in its characteristic and endocellular forms**, does not exclude that it can be possibly find in the fabric in another form, or still unknown, or one that cannot be highlighted by the means used up to now. We cannot exclude, indeed, everything leads us to admit it, that the parasite in its first stages has such small dimensions and such a localization, so that it can hardly be differentiated from any secretion granules or from other granular formations of the tissue capable of colouring alike.

Given these considerations, and given the results of the efforts of those scholars who have sought the cause of the disease in the field of schizo- or blastomycetes, **I believe myself authorized to affirm that the protozoan I have described is the specific agent of rabies.**

In 1894 Di Vestea, referring (Proceedings of the Royal Medical Surgical Academy of Naples, Year XL VII) made some observations on rabies, made experimentally rabies through the grafting of viruses into the sciatic, it drew attention to particular elements that **he claims to have observed** in the infected nerve and spinal cord.

He noted in the nerve, more abundant at the point of inoculation, of the **"oviform corpuscles" of a diameter ranging from 5-6 p. at 10-13 p.**, which would reside in the interior of the nerve fibres between the Schwann sheath and the myelin sheath, they would have a double outline and a content of granulations rather large, strongly coloured with carmine.

In the cells of the anterior horns of the medulla of these animals, especially in the lumbar portion, they are sometimes found inside the protoplasm of single cells of small bodies "very small, pale, ovular, almost of the same size, and often with a central molecule in the form of a nucleus." **On the significance of these formations the diligent observer does not "dare to pronounce."**

He does not exclude that the larger forms, detectable in the nerve fibers, are possibly infiltrated "lymphocytes"; in any case, the idea that it could possibly be a matter of discretion microorganisms, and more precisely of protozoa.

On the other hand, such a prudent and commendable reserve was not maintained by Grigoriew who, some years later, (Centralblatt f. Bakt. Und Paras. Abth. I. Bd. XXll-1897) having been able to observe in the liquid of the anterior chamber of animals inoculated into the eye with fixed virus, of the size formations of 2-4 p., with an irregular outline, with a differentiated central part as a nucleus, endowed with slow amoeboid movements, **he did not hesitate to claim that they were protozoa, probably amoeba, to which it was due report the cause of the disease.**

I do not think it is appropriate to insist on pointing out how **the observations of Grigoriew have no point of contact with my findings**: I will only say that putting forward such a **bold hypothesis on a basis of facts so scarce and of such dubious interpretation**, it was by Grigoriew a very risky act, to which he was not authorized at all from what he had been able to observe.

So too I would be inclined to believe that no analogy exists between Di Vestea's "oviform corpuscles" and the protozoan I found in nerve cells.

In the animals I inoculated in the sciatic, I have never failed to practice fine sections of the nerve, colouring them with those means that have always proved to me the most appropriate and of constant success for the demonstration of the parasite which, given the dimensions reported by the author, it should be easily detectable.

This research, regarding the characteristic and typical forms found in nerve cells, **has so far given me a consistently and completely negative outcome.**

For this fact, and on the basis of other considerations, such as the diameters, the specificity of the internal granulations of the "oviform corpuscles" to take on the red colour with carmine, while the internal bodies of the parasite described by me with this substance remain discoloured, bringing me back besides the figures with which the author accompanies his very brief note, I believe that even the finds of Di Vostea have nothing in common with the protozoan that I have been able to detect.

As the discoverer himself had supposed, voraciously he found himself in front of images, an expression of the pathological state of the tissue.

I thought it right to say that the idea that the agent is not new specific to rabies is a protozoan, but I insist on pointing out that while on the one hand the facts observed by the researchers who precede me are not, in my opinion, quite sufficient to justify this supposition, on the other hand apart from these facts have no analogy with the findings that I have put in evidence.

It is only on the basis of these that we can hope that **this hypothesis will soon want to leave the field of theoretical conceptions for becoming an undisputed fact in the domain of pathology.**

Certainly the absolute proof of this assertion could only be given by the isolation of the parasite in pure culture and by the reproduction of the disease with it.

Attempts can be made in this sense, but with little hope of success, as that of no parasitic microorganism belonging to the group, to which it must probably ascribing what I have described, it has so far been possible to obtain the cultivation on artificial soils.

On the other hand, I do not believe that this decisive demonstration, however desirable, can be considered absolutely necessary in the present case, although **up to now no culture has been obtained outside the organism."** - Dr Adelchi Negri, in "Contributo allo studio dell'eziologia della rabbia", Bollettino della Società Medico Chirurgica di Pavia, 1903.

Memo: What Is A "Virus"

"A small parasite consisting of ***nucleic acid (RNA or DNA) enclosed in a protein coat*** *that can replicate only in a susceptible host cell." - in "Molecular Cell Biology", 2000.*

Obviously Mr Adelchi Negri, didn't receive the memo from the CDC on "viruses" being "pieces of RNA or DNA".

The "virus" described by Mr Negri must have been a dinosaur size "virus", indeed.

Also bearing in mind that electron microscopes where not yet invented (1931), as the Medical Trade claim that they can see pieces of RNA and DNA with such instruments (which they claim to be able to do so in 2017, but no pictures given just computer graphics, alas).

Therefore until now we have only been shown (where photographs are concerned), only of images of cells, and or, of unicellular microorganism, along with many computer generated graphics, and drawings or supposed "viruses".

Dr Montague R. Leverson, MD, Convicts Prof. Theobald Smith of Error in Claiming that Vaccination Prevents Small Pox: Merits of Belchamp and Pasteur Compared

"Every one of Pasteur's preventive inoculations has proved a failure.

The inoculation of the tubercle bacillus upon cattle has spread tuberculosis among healthy heeds, as ordinary common sense would have predicated.

His inoculations against anthrax left the animals

Inoculated more liable to that diseased condition, and caused the premature death of many of them from other diseased condition.

But Pasteur's anti-rablc inoculations afford the most decided test of the pernicious character of that method of treatment. During 23 year preceding the use of the anti-rabic serum there were 685 deaths from rabies in all France, or an average of 30 per annum.

But since the use of the anti-rabic inoculations the average has risen to 100 per annum, in place of 30, with a continually increasing number each year, so that according to the official returns the number of deaths from rabies in France for the year ending in June 1907 was Just about 300.

In truth, as Professor Peter said, in his address to the Academy of Medicine, Paris, on the 11 January 1887,

"M. Pasteur does not cure rabies - he Imparts It!"

Along the whole length of the alimentary canal, nature has provided a series of chemical laboratories wherein she analyses, synthesises, separates, prepares for excretion and finally, with in certain limits, excretes, matters liable to be injurious to the health or life of the individual who has ingested them; but when any such matters are inoculated, nature's defences are taken in the flank, it is true that as if foreseeing man's folly, nature has provided a network beneath the skin which can sometimes eject poisonous matter by means of an abscess, but always at a cost to the lowered vitality of the Individual, even where the whole of the poison is ejected.

Ingested where the dose is not excessive, a wise physician will still have some power to arrest its mischief, by the aid of emetics or antidotes; once physician who lives loses all power over the poison, and not only so but **the entire medical profession combined is absolutely incapable of even foreseeing what effect will be produced.**

Substances apparently inert and harmless introduced into the blood stream, are known to have produced almost instant death, and the recklessness of inoculation amounts to cruelty through ignorance.

The microbic theory of disease upon which your teachings rest is absolutely erroneous.

The very word "microbe'' is an etymological solecism adopted in the hope of "drowning" in a "conspiracy of silence" the marvellous researches and discoveries of the master Bechamp who justly described **the microbic theory of disease as "greatest scientific foolishness of this time".**

This marvellous scientific silliness has been marvellously promulgated through the consummate ability (in a certain sense) of M. Pasteur and of his followers.

Pasteur did not make any discoveries in biology.

As I have above stated his pretended biological discoveries were plagiarized from others and chiefly from the Master, who not only discovered the causes of fermentation and that it is a process in nutrition, but also the unit of life, vis: the microsymas.

He and his collaborators also discovered that **when these became diseased they developed into what have been erroneously termed pathogenic bacteria which, instead of being the causes, are consequences of diseased conditions**

Fortunately for the emancipation of the biological sciences from their present condition of chaos, Pasteur has himself provided the dynamite where with his bubble will be exploded.

In his effort to make it appear that he discovered the causes of fermentation, and to plagiarise Bechamp with security he invented and narrated a fake experiment.

You will find it described in the "Annales de chemie et de physique" 3e S. T. LVIII. p. 381. Sec. III., entitled "Production of yeast in a medium form of sugar, a salt of ammonia and of phosphatea". **I ask you my dear Professor, to have the moral courage to repeat this pretended experiment and when you shall have found out the truth. I ask you to declare and denounce the fake.**

Then indeed you will have to make "a new departure" in your study of biology, commencing with the wonderful discoveries of Bechamp — and finally, when you shall have realised their truth. **I ask you to avow that you and the**

other followers of Pasteur have been deluded by the most monumental charlatan by whom medicine has ever been vexed. "So from his shoulders strip the lion's hide, and clasp a calf-skin on his recreant limbs." - in "English City of Leicester as Example of Benefits of Abolition of Vaccination", The Bridgeport Evening Farmer, 21 August 1909.

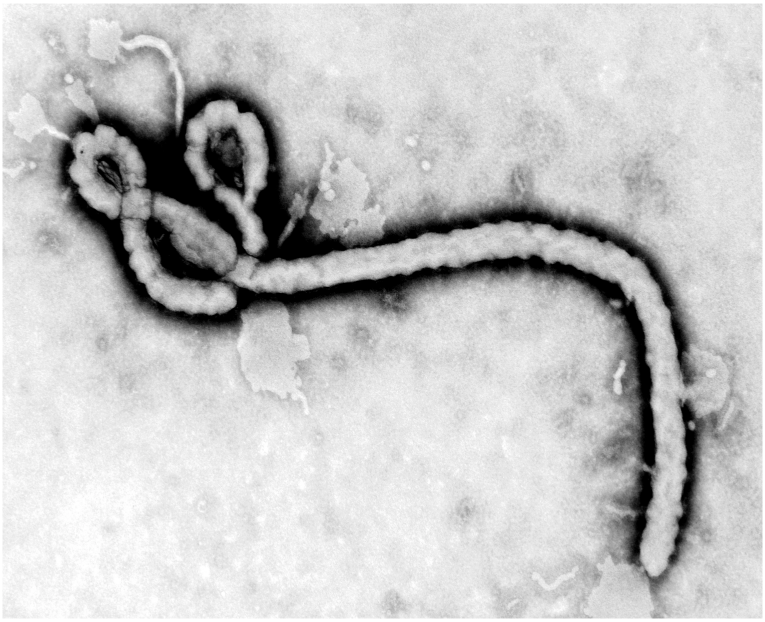
> ***"De Souza (1926), however, failed to infect guinea-pigs and rabbits by allowing Phyllostoma bats to feed on them, and concluded, on insufficient evidence, that in Florianopolis, Brazil, the disease was not spread by bats.***
> ***Quiroga, Acosta and their co-workers (1931) quote Parreiras Horta as having also shown from experimental work on rabbits and guinea-pigs that bats (Phyllostoma) are not the transmitting agent."*** *- in "The Transmission of Paralytic Rabies in Trinidad by the Vampire Bat (Desmodus Rotundus Murinus Wagner, 1840)", Annals of Tropical Medicine and Parasitology, 1936.*

The Ebola "Virus" Isolation Farce

"In 1976 my life changed, when I was training in Microbiology in the lab in Antwerp, we received a blue thermos from Kinshasa, and it contained 2 glass files, and with a little note and asking is this yellow fever?

And it was blood from a Catholic missionary a nun who had died with what they thought was maybe yellow fever.

And we did the usual things to isolate viruses, these days, was more like cooking, it's like very artisanal, you inject mice, you put it on cells, and so on, and you wait, and then you look at an electron microscope and what did we see under the electron microscope was this image and we had never seen this." - Dr Peter Piot, MD in "Are We Ready for the Next Pandemic?", 29 June 2018.



An image of what they claim to be the Ebola "Virus", if we are told what the mixture contained we will know what this can be, most likely is a Bacillus (A genus of Gram-positive, rod-shaped bacteria, a member of the phylum Bacillota, with 266 named species, the term is also used to describe the shape of other so-shaped bacteria). It is also important to know the composition of the medium in which the Bacillus what placed in.

"Ebola virus, diagnostic specimen from the first passage in Vero cells of a specimen from a human patient—this image is from the first isolation and visualization of Ebola virus, 1976.

This image has been "borrowed" so often for various public uses that many people think that all Ebola virions look just like this. In fact, Ebola virions are extremely varied in appearance - they are flexible filaments with a consistent diameter of 80 nm (nanometers), but they vary greatly in length and degree of twisting." - in Ebola Virus", University of Texas Medical Branch at Galveston, 2 May 2021.

Please look at the different images of the so-called Ebola "virus":

www.utmb.edu/virusimages/VI/ebola

Coronavirus Isolation Farce

"Bat samplings were conducted 10 times from April 2011 to October 2015 at different seasons in their natural habitat at a single location (cave) in Kunming, Yunnan Province, China.

All members of field teams wore appropriate personal protective equipment, including N95 masks.

Bats were trapped and fecal swab samples were collected.

Clean plastic sheets measuring 2.0 by 2.0 m were placed under known bat roosting sites at about 18:00 h each evening for collection of fecal samples.

Fresh fecal pellets were collected from sheets early in the next morning.

Virus isolation

The Vero E6 cell line was kindly provided by Australian Animal Health Laboratory, CSIRO (Geelong, Australia). Vero E6 monolayer was maintained in DMEM medium supplemented with 10% fetal calf serum (FCS). Fecal samples (in 200 µl buffer) were gradient centrifuged at 3,000–12,000 g, and the supernatant was diluted 1:10 in DMEM before being added to Vero E6 cells. After incubation at 37°C for 1 h, the inoculum was removed and replaced with fresh DMEM medium with 2% FCS.

The cells were incubated at 37°C and checked daily for cytopathic effect.

All tissue culture media were supplemented with triple antibiotics penicillin/ streptomycin/amphotericin (Gibco) (penicillin 200 IU/ml, streptomycin 0.2 mg/ml, amphotericin 0.5 µg/ml).

Three blind passages were carried out for each sample.

After each passage, both the culture supernatant and cell pellet were examined for presence of SARSr-CoV by RT-PCR using specific primers targeting the RdRp or S gene.

The viruses which caused obvious cytopathic effect and could be detected in three blind passages by RT-PCR were further confirmed by electron microscopy." - in "Discovery of a rich gene pool of bat SARS-related coronaviruses provides new insights into the origin of SARS coronavirus", PLOS Pathogens, 30 November 2017

> ***"Someone who dies with Ebola is covered with often with blood not always but but certainly Vomit, is Diarrhoea, so in other words full of virus."*** *- Dr Peter Piot, MD in "Are We Ready for the Next Pandemic?", 29 June 2018.*

Here we know that what is affecting the persons is something in their gastrointestinal system, not a fictitious "virus".

> *"In a request for a study which shows complete isolation and purification of the particles claimed to be SARS-CoV-2, Michael Laue from the German Robert Koch Institute (RKI), answered that:*
> ***"I am not aware of a paper which purified isolated SARS-CoV-2."*** *- Dr Michael Laue, Head of Consultant Laboratory for Diagnostic Electron Microscopy of Infectious Pathogens (Diagnostic EM of Pathogens), Robert Koch Institute, Federal Institute within the portfolio of the Federal Ministry of Health, Germany, Email from 4 September 2020." - in "Phantom Virus: In search of Sars-CoV-2", Off-Guardian, 31 January 2021.*

Again the "Viruses" in Bats Nonsense

"Viruses so far is most probably we still don't know for sure is a fruit eating

Bat, and by the way Bat's, are very special animals from a biological perspective, and they hardly ever developed cancer, they can harbour all kinds of viruses that kill in no time other animals. And so it's very remarkable, I no no know much about Bat biology, but I've read a lot about it, and it's absolutely fascinating." - Dr Peter Piot, MD in "Are We Ready for the Next Pandemic?", 29 June 2018.

Here we see another lie: "they can harbour all kinds of viruses that kill in no time other animals".

There is no proof of this statement what so ever. In fact what we know is the opposite.

The Bat "Virus" Transmission Farce

"[Discovery of a rich gene pool of bat SARS-related coronaviruses provides new insights into the origin of SARS coronavirus", PLOS Pathogens, 30 November 2017].

But **Changchun Tu**, a Virologist **who directs the OIE Reference Laboratory for Rabies in Changchun, China, says the results are only "99%" persuasive.**

He would like to see scientists demonstrate in the lab that the human SARS strain can jump from bats to another animal, such as a civet.

"If this could have been done, the evidence would be perfect", he says." - in "Bat cave solves mystery of deadly SARS virus-and suggests new outbreak could occur.

Chinese scientists find all the genetic building blocks of SARS in a single population of horseshoe bats", Nature, 1 December 2017.

The CDC Confirmed this was a "Virus"

"The Centers for Disease Control in Atlanta and it's in Atlanta at the Centers for Disease Control (CDC), that they could demonstrate this was not Marburg but it was a new virus.

So they really confirmed this was new, so I was excited, but I was particularly curious to know what is this virus is doing to people, how is it spreading, you know and so on, and by the way the name Ebola is because viruses need a name." - Dr Peter Piot, MD in "Are We Ready for the Next Pandemic?", 29 June 2018.

The reason this is important to know, is that it was also the CDC in 1976, that "samples" where sent from Fort Dix, New Jersey, to the CDC, and the CDC also confirmed that it was a "virus".

"In early 1976, the novel A/New Jersey/76 (Hsw1N1) influenza virus caused severe respiratory illness in 13 soldiers with 1 death at Fort Dix, New Jersey.

Since A/New Jersey was similar to the 1918–1919 pandemic virus, rapid outbreak assessment and enhanced surveillance were initiated. A/New Jersey virus was detected only from January 19 to February 9 and did not spread beyond Fort Dix. A/Victoria/75 (H3N2) spread simultaneously, also caused illness, and persisted until March. Up to 230 soldiers were infected with the A/New Jersey virus. Rapid recognition of A/New Jersey, swift outbreak assessment, and enhanced surveillance resulted from excellent collaboration between Fort Dix, New Jersey Department of Health, Walter Reed Army Institute of Research, and Center for Disease Control personnel.

Despite efforts to define the events at Fort Dix, **many questions remain unanswered, including the following: Where did A/New Jersey come from? Why did transmission stop?"** - in "Swine Influenza A Outbreak, Fort Dix, New Jersey, 1976", Emerg. Infect. Dis., January 2006.

For the 1976 Pandemic Farce, please see our previous books that expose the fraud in detail.

Peter Karel Piot

"Sir Peter Karel, Baron Piot, MD, KCMG, PhD, DTM, FRCP, FFPH, FmedSci, Professor of "Global Health" is a Belgian-British microbiologist known for his research into Ebola and AIDS. After helping discover the Ebola virus in 1976 and leading efforts to contain the first-ever recorded Ebola epidemic that same year, Piot became a pioneering researcher into AIDS. Has held key positions in the United Nations and World Health Organization (WHO), involving AIDS research and management. Has served as a professor at several universities worldwide. Author of 16 books and over 600 scientific articles." - in Wikipedia, 25 August 2022.

"A Senior Fellow at the Bill & Melinda Gates Foundation. He was the Director of the Institute for Global Health at Imperial College, London.

Founding Executive Director of UNAIDS and Under Secretary-General of the United Nations from 1995 until 2008, and was an Associate Director of the Global Programme on AIDS of WHO.

Under his leadership UNAIDS became the chief advocate for worldwide action against AIDS, also spearheading UN reform by bringing together 10 UN system organizations.

Professor Piot is the first Chair of Her Majesty's Government's Strategic Coherence of ODA-funded Research (SCOR) Board and is Chair of of the King Baudouin Foundation (KBF) USA and of the African Health Research Institute (AHRI), Durban, South Africa. He is Vice-Chair of the Global Health Innovation Technology Fund (GHIT), Tokyo, and member of the Board of the Novartis Foundation, Basel; the Coalition for Epidemic Preparedness Innovation (CEPI), and Sentebale.

He is also a Special Advisor to the President of the European Commission on research and innovation for COVID-19.

He is the first Chair to lead Her Majesty's Government's Strategic Coherence of ODA-funded Research (SCOR) Board.

He is Vice-Chair of the board of the Global Health Innovative Technology Fund in Tokyo, Chair of the Global Burden of Disease Independent Advisory Committee, and Chair of the King Baudouin Foundation US.

He is a member of the board for the Coalition for Epidemic Preparedness Innovations (CEPI), African Health Research Institute, Durban, and the Oxford Martin School.

He was the Chair of the MRC Global Health Group and a member of the MRC Strategy Board." - in "London School of Hygiene & Tropical Medicine", 25 August 2022.

In May 2020 Peter Karel Piot Discloses He Has Had COVID-19

"On 19 March, I suddenly had a **high fever and a stabbing headache.**

My skull and hair felt very painful.

I kept working—I'm a workaholic.

I tested positive for COVID-19.

The only risk factor for corona is my age — **I'm 71.**

It turned out I had severe oxygen deficiency.

Lung images showed I had severe pneumonia, as well as bacterial pneumonia.

I turned out to have an organizing pneumonia-induced lung disease.

I picked up again is my work as COVID-19 R&D special adviser to von der Leyen.

The [EU] Commission is strongly committed to supporting the development of a vaccine.

Let's be clear:

Without a coronavirus vaccine, we will never be able to live normally again.

The only real exit strategy from this crisis is a vaccine that can be rolled out worldwide." - Peter Karel Piot in 'Finally, a virus got me.' Scientist who fought Ebola and HIV reflects on facing death from COVID-19", Knack (Belgium), reported by Science, 8 May 2020.

In 2020 the new name for Pneumonia is "Covid-19."

The Clown World of the CDC - The Rabies Virus

"Rabies virus belongs to the order Mononegavirales, viruses with a nonsegmented, negative-stranded RNA genomes. Within this group, viruses with a distinct "bullet" shape are classified in the Rhabdoviridae family, which includes at least three genera of animal viruses, Lyssavirus, Ephemerovirus, and Vesiculovirus. The genus Lyssavirus includes rabies virus, Lagos bat, Mokola virus, Duvenhage virus, European bat virus 1 & 2 and Australian bat virus.

Structure

Rhabdoviruses are approximately **180 nm long and 75 nm wide.** The rabies genome encodes 5 proteins: nucleoprotein (N), phosphoprotein (P), matrix protein (M), glycoprotein (G) and polymerase (L).

All rhabdoviruses have 2 major structural components: a helical ribonucleoprotein core (RNP) and a surrounding envelope. In the RNP, genomic RNA is tightly encased by the nucleoprotein. Two other viral proteins, the phospoprotein and the large protein (L-protein or polymerase) are associated with the RNP.

The glycoprotein forms approximately 400 trimeric spikes which are tightly arranged on the surface of the virus. The M protein is associated both with the envelope and the RNP and may be the central protein of rhabdovirus assembly.

The basic structure and composition of rabies virus is depicted in the longitudinal diagram below **[on the page it is shown a computer digital image using commercial imaging software].**

Rabies is an RNA virus. The genome encodes 5 proteins designated as N, P, M, G, and L.

The order and relative size of the genes in the genome are shown in the figure below **[again another computer made image shown].** The arrangement of these proteins and the RNA genome determine the structure of the rabies virus.

Replication

[This section is just a farce, just a complete fabrication delirium on steroids, the CDC should get a Nobel Prize on the category of "Best Fiction Novel", you cant make up this crap, you need to be on steroids]

The fusion of the rabies virus envelope to the host cell membrane (adsorption) initiates the infection process.

The interaction of the G protein and specific cell surface receptors may be involved.

After adsorption, the virus penetrates the host cell and enters the cytoplasm. The virions aggregate in the large endosomes (cytoplasmic vesicles).

The viral membranes fuse to the endosomal membranes, causing the release of viral RNP into the cytoplasm (uncoating). **Because lyssaviruses have a linear single-negative-stranded ribonucleic acid (RNA) genome, messenger RNAs (mRNAs) must be transcribed to permit virus replication.** A viral-encoded polymerase (L gene) transcribes the genomic strand of rabies RNA into leader RNA and 5 capped and polyadenylated mRNAs, which are translated into proteins.

Translation, which involves the synthesis of the N, P, M, G and L proteins, occurs on free ribosomes in the cytoplasm. Although G protein synthesis is initiated on free ribosomes, completion of synthesis and glycosylation (processing of the glycoprotein), occurs in the endoplamsic reticulum (ER) and Golgi apparatus.

The intracellular ratio of leader RNA to N protein regulates the switch from transcription to replication.

When this switch is activated, replication of the viral genome begins.

The first step in viral replication is synthesis of full-length copies (postive strands) of the viral genome.

When the switch to replication occurs, RNA transcription becomes "non-stop" and stop codons are ignored.

The viral polymerase enters a single site on the 3′ end of the genome, and proceeds to synthesize full-length copies of the genome.

These **positive strands of rabies RNA serve as templates for synthesis of full-length negative strands of the viral genome."** - in "Centers for Disease Control and Prevention, National Center for Emerging and Zoonotic Infectious Diseases, Division of High-Consequence Pathogens and Pathology", CDC, 30 November 2020.

Structure of Zika Virus Determined

"A near-atomic level map of Zika virus shows its structure to be largely similar to that of dengue virus and other flaviviruses, but with a notable difference in one key surface protein, report scientists funded by the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health (NIH). The variation in the Zika envelope (E) glycoproteins—180 of which are packed on the virus's outer shell—may provide clues to better understand how Zika virus enters human cells and suggests ways to combat the virus with drugs or vaccines aimed at the newly detailed region.

NIAID grantees Richard Kuhn, Ph.D., Michael Rossmann, Ph.D., and their colleagues at Purdue University created the picture of a mature Zika virus particle with a technique called Cryo-Electron Microscropy.

The process involves freezing virus particles and firing a stream of high-energy electrons through the sample to create tens of thousands of 2-Dimensional electron micrograph images that are then combined to yield a composite high-resolution, 3-Dimensional view of the virus.

The team included NIAID investigator Theodore Pierson, Ph.D." - in "NIH-Funded Research Could Aid Quest for Vaccines, Drugs", NIH, 31 March 2016.

Still no virus isolation", so how on planet Earth can the CDC or the NIH or their cronies, make a genome of something they cannot isolate?

The
Cryo-Electron Microscopy – Farce
or
Computer Generated Graphics

"The 2017 Nobel prize in chemistry has been awarded to 3 scientists:

> ***"For developing Cryo-Electron Microscopy for the high-resolution structure determination of biomolecules in solution."***

Jacques Dubochet University of Lausanne, Switzerland; Joachim Frank, Columbia University, US; **Richard Henderson, Medical Research Council Laboratory of Molecular Biology, Cambridge, UK.**

Joachim Frank developed computational methods for taking images of multiple, randomly-oriented proteins within a sample and compiling them into sets of similar orientations to obtain sharper 2D images.

Could then **construct a 3D image from these 2D projections.**

Used his algorithms to generate images of the ribosome.

During the recent outbreak in Brazil, a group of researchers generated a high-resolution 3D image of the virus structure within a few months." - in "Explainer: What is cryo-electron microscopy", Chemistry World, 4 October 2017.

The Poliovirus Farce

"We failed utterly to discover bacteria, either in film preparations or in cultures, that could account for the disease; and, since among our long series of propagations of the virus in monkeys not one animal showed, in the lesions, the cocci described by some previous investigators, and we had failed to obtain any such bacteria from the human material studied by us, we felt that they could be excluded from consideration.

Therefore, the infecting agent of epidemic poliomyelitis belongs to the class of the minute and filterable viruses that have not thus far been demonstrated with certainty under the microscope." - Dr Simon Flexner, MD; Dr Paul A. Lewis, MD from the Laboratories of the Rockefeller Institute for Medical Research, New York, in "The Nature of the Virus of Epidemic Poliomyelitis", JAMA, 18 December 1909.

"Dalldorf and Sickles described an **"unidentified, filterable agent"** that they had **"isolated" from the Faeces** of paralysed children.

The problems become clear when Dalldorf and Sickles described how they "isolated" this agent:

"20% Fecal suspensions, prepared by Ether Treatment and Centrifugation, were inoculated intracerebrally into albino mice of the laboratory strain.

Suckling mice, 3-7 days of age, became paralyzed, **while mice 10-12 gm in weight did not.**

The isolations were repeated several times." - G. Dalldorf, G.M. Sickles, in "An Unidentified, filtrable agent isolated from the Feces of children with paralysis", Science 16 July 1948.

> ***"Polio, like Typhoid, Cholera, and Hepatitis A, is transmitted through what's clinically referred to as the Fecal-Oral route, which typically occurs as a result of inadequately treated drinking water, improper food handling, and poor sewage methods."*** *- in "The Panic Virus", 2011.*

The 1918 Flu Pandemic

"It was secondary bacterial pneumonia that killed most of the millions who perished in the 1918 flu pandemic, which suggests that current pandemic preparations should include stockpiling of antibiotics and bacterial vaccines, influenza researchers reported this week.

Experts at the National Institute of Allergy and Infectious Diseases (NIAID) examined pieces of lung tissue preserved from 58 victims of the 1918 pandemic and reviewed reports distilled from thousands of autopsies to reach their conclusions, published by the Journal of Infectious Diseases.

> ***"Histological and bacteriologic evidence suggests that the vast majority of influenza deaths resulted from secondary bacterial pneumonia",*** *says the report by David M. Morens, MD, Jeffery K. Taubenberger, MD, PhD, and NIAID Director Anthony S. Fauci, MD*

The new report suggests that more than 90% actually died of invading bacterial pneumonia." - in "Study: Bacterial pneumonia was main killer in 1918 flu pandemic", Center for Infectious Disease Research and Policy, University of Minnesota, **22 August 2008.**

Swine Flu Pandemic Farce

The "novel" H1N1 swine influenza virus that last year caused the first human pandemic in 4 decades has one feature that is hardly novel:

Its surface protein, hemagglutinin (HA) — which spikes cells and starts an infection —closely matches the HA in the H1N1 virus responsible for the 1918 pandemic.

This newfound similarity answers many mysteries about the 2009 pandemic, including **why it largely spared the elderly.**

The new findings from different research groups also suggest intriguing explanations for how the 1918 influenza virus has evolved since it swept across the globe in several waves, killing more than **50 Million people** by the winter of 1919.

And the investigators are proposing provocative vaccination strategies to preempt future pandemics.

NIAID virologist Jeffrey Taubenberger, a leading investigator of that devastating pandemic.

> ***"All the influenza viruses in humans are descendants of the 1918 virus"*** *says Taubenberger*

" - in "Swine Flu Pandemic, What's Old Is New: 1918 Virus Matches 2009 H1N1 Strain", Science, 26 March 2010.

The Influenza Epidemic Which Reappeared Among the Troops

"The influenza epidemic which had reappeared among the troops in Germany in December 1919, and among the troops in this country in January 1920, together with the pneumonias not attributed to it, and with the other respiratory diseases, such as acute rhinitis, tonsillitis, pharyngitis, and laryngitis, **caused a relatively larger amount of sickness among the troops in the United States than any of the other epidemics of these diseases had caused during the period of the World War**, with the exception of the one which occurred in the late summer and fall of 1918, **while for the troops in Europe these diseases caused a relatively greater amount of sickness** than they had even during the great pandemic of 1918.

The relative number of deaths that resulted from influenza and the primary pneumonias was much smaller both for the troops in the United States and in Europe than there had been during the pandemic of 1918, but greater than there had occurred during any of the other epidemics of these diseases during the World War.

The actual number of deaths for 1918 cases in the United States was 234, and in Europe, 22." - in "Report of the Surgeon-General of the Army to the Secretary of War for the Fiscal Year Ending 1921", United States Surgeon-General's Office, 1921.

Number of Deaths from Influenza and Pneumonia 1918 and 1919

“The same high distribution of deaths under 5 years and between 20 and 40 years is shown in both the 1918 and 1919 periods, **although much more marked in 1918, clearly showing that the latter part of the epidemic was not essentially different from the first in this respect.**

Requests have been received by the Bureau of the Census for the number of deaths caused by the 1918-19 influenza pandemic in the United States. Obviously it is not possible to give entirely satisfactory figures.

Certification of causes of death can never be more perfect than the diagnostic powers of the attending physicians; and the assignment of joint causes of death to a single cause is necessarily unsatisfactory.

However, to give a measure of the ravages of the pandemic, the following table has been prepared for the registration states of 1915 showing in the first two columns the number of deaths from influenza and pneumonia (all forms) which would have occurred 1 September 1918, to 30 June 1919, had the 1915 death rates from these causes for corresponding months prevailed, and in addition showing the actual deaths in the pandemic period from these causes, the excess deaths from these causes, and excess death rates.

If the assumption is made that the excess death rates given below for the registration states of 1915, held for the rest of the United States, then **the toll of the pandemic in the United States** (exclusive of Hawaii) **may be estimated as approximately 548,452 deaths.**

Influenza

The number of deaths from influenza in 1919 is 84,113, corresponding to a rate of 98.8 per 100,000 population, as against **245,846 deaths in 1918** and a rate of 302.1.

The number given for 1918 includes the “additional deaths” shown in the 1918 report.

All other Epidemic Diseases

In the detailed International List of Causes of Death , titles 1 to 19 are assigned to the epidemic diseases, of which 8 have been discussed.

Of the others, no deaths are reported in 1919 for **miliary fever** and Asiatic cholera."- in "Mortality Statistics 1919", U.S. Government Printing Office, 1921.

The Recent Influenza Epidemic Different from 1918 Attack

"The following is quoted from the Statistical Bulletin, Metropolitan Life Insurance Co., for March, 1922:

"In the world pandemic of 1918 the deaths were largely concentrated between the ages of 20 to 40.

In the last few months the deaths have been concentrated in early life and more particularly in old age.

About one-half of the deaths were those of persons over 45 years of age.

In this respect they were distributed very much as pneumonia deaths generally were before the epidemic period set in.

This fact is an additional indication that what has transpired during the last few months has not been a recrudescence of the serious influenza epidemic of three years ago, but is **something very similar to what happens every winter with the increase in influenza cases and of primary pneumonias.**

If the number of cases and deaths for this year has been higher than last year, it is chiefly because that for last year was exceptionally low.

In fact, the rate for respiratory disease this February can not be considered a high figure according to the standards of a few years ago." - in "United States Naval Medical Bulletin", 1922.

Epidemiologic and Clinical Characteristics of 1918–19 Pandemic

"Disease Usually Mild and Self-limited

The 1918–19 pandemic, most cases followed a mild or self-limited course.

During that pandemic, most infected persons had self-limited clinical courses and complete recovery.

For most affected populations, the case-fatality incidence was <2% and the overall mortality rate was <0.5%.

Mortality and Case-Fatality Rates High for Young Adults

During the pandemic, overall mortality and case-fatality rates were higher for young adults, indigenous and other relatively closed populations, and certain military and occupational subgroups than for their respective counterparts. Case-fatality and mortality rates were higher for those 25–40 years of age (particularly men)." - Dr John F. Brundage, MD, Dr G. Dennis Shanks, MD Armed Forces Health Surveillance Center, Silver Spring, Maryland, USA; Australian Army Malaria Institute, Enoggera, Queensland, Australia, in "Deaths from Bacterial Pneumonia during 1918–19 Influenza Pandemic", CDC, Vol. 14, No. 8, August 2008.

The reason it spared the elderly is because it affected mainly those who went to battle inhaling gases from first world war bombs, or those who work in factories inhaling fumes and gases from factory furnaces, these wore mainly man and those who served in the battle field where mainly young man.

The claim that "50 Million" died by the winter of 1919 is a lie.

The vaccination commercial agenda is the main drive in preventing "pandemics".

The Multiplication of "Viruses"

"The first and most important fact about viruses is their apparent intimate concern with some host. So far, all attempts to secure virus multiplication on any kind of medium other than an intact organism have failed." *- Ernest C. Pollard, in "The physics of viruses", 1953.*

"Even when we study the reproduction of viral materials in a more-or-less persistent non-infectious form (such as the "prophage" form of bacteriophage) we depend, for proof of the presence and multiplication of the viral material, on the ultimate production of some infectious virus.

Only occasionally can we infer complete or partial phenomena of viral multiplication by indirect observations, such as multiplication of elements resembling known virus particles in morphological or physico-chemical properties.

We shall show that **viruses multiply not as organisms but as subcellular entities**, more on a level with organized, non-independent cell constituents.

We may speak of **viral multiplication as viral biosynthesis**, in the same sense as we speak of the biosynthesis of macromolecular cellular constituents and organelles.

The problem of viral multiplication is translated into a series of problems:

Transformation from infectious into vegetative form,
Vegetative multiplication, and
Maturation.

Most intriguing situations are encountered when virus material, having once entered a cell, remains in noninfectious form while the cell proceeds to reproduce." - S. E. Luria, Department of Bacteriology, University of Illinois, in "The Multiplication of Viruses", Protoplasmatologia; Handbuch der Protoplasmaforschung, 1958.

Isolation of Purified Virus

> *"We have two outstanding examples in which modified strains of a given virus are used for purposes of vaccination.*
> ***These altered strains were obtained, by chance**, through the passage of the virus in an unnatural host.*
> ***In the case of the yellow fever vaccine it has not been possible to secure the modified 17D strain again by tissue culture passage of virulent yellow fever virus.***
> ***It is an unsatisfactory situation."** - W. M. Stanley, Member of the Rockefeller Institute for Medical Research, Princeton, N.J., in "Chemical Studies on Viruses", 22 December 1947.*

"After direct inoculation into the carcinoma EO 771, **the influenza virus could not be detected** at 3, 5, 7, 9, and 11 days. The herpes virus was present in small amounts on the 4th, 5th, and 6th days after inoculation but not thereafter.

The herpes-virus-infected sarcoma could be transferred 4 times in serial passages **before the virus disappeared**.

Influenza-infected sarcomas **lost the virus on the first transfer.**

Fragments of tumors exposed to virulent suspensions of **influenza virus and herpes virus in vitro failed to carry the viruses.**

The presence of the viruses in the tumors had no effect on the growth or transplantability of the tumors.

Both the viruses of influenza A and herpes simplex **could be detected for a limited period** when inoculated directly into sarcoma 180." - Alice E. Moorem, MD in "Cancer", May 1949.

"By themselves the virus particles seem to be quite inert; like the seeds and spores of higher forms, whose regularity in size and shape they resemble, they become active only in a suitable environment - the host cell.

Attempts to study their mode of reproduction by grinding up host cells at intervals after infection have yielded only debris, and in some cases a few finished virus particles.

Direct observation of their mode of reproduction is impossible, since, on the one hand, the particles themselves are smaller than the wave lengths of visible light, and, on the other, most cells are too thick for convenient observation of internal structure with the electron microscope.

Investigators of the mode of virus reproduction are therefore forced to employ the more indirect methods of genetics, biophysics and biochemistry.

With the biochemical approach we should like to observe the effects of various nutrients and **specific enzyme poisons on virus-producing systems.**

Basic to these problems lies that of the deployment of host and virus elements on a molecular and indeed atomic level which leads to infection and virus production.

An analysis of the multiplication of plant or animal viruses is difficult because of the complex nutrient media (sap, body fluids) in which the cells, which are the real virus hosts, are bathed.

Moreover, the great variety of cells which compose the tissues makes it difficult to distinguish the direct effect which the highly selective virus produces on the particular type of cell on which it acts, from the indirect effects on neighbouring cells and on the organism as a whole." - Thomas F. Anderson, in "The Reactions of Bacterial Viruses with Their Host Cells. The Reactions of Bacterial Viruses with Their Host Cells", Botanical Review, 1949.

"In the case of the influenza- herpes-, vaccinia-, polio-, adeno- and ebola-viruses each photo shows only a single particle; nobody claims that they´re isolated particles, let alone particles that have been isolated from humans.

In summary, it must be said that these photos are an attempt of fraud committed by the researchers and medical scientists involved.

As far as they assert that these structures are viruses or even isolated viruses.

To what extent, the involved journalists and authors of textbooks have contributed to this fraud knowingly or only out of gross negligence, I don´t know.

Everyone who starts a research in the medical literature, will quickly encounter statements and references that Koch's first postulate can´t be fulfilled (i.e. Großgebauer: Eine kurze Geschichte der Mikroben, 1997 ["a little story of the microbes"]; editor: Verlag für angewandte Wissenschaft).

How these authors who claim the existence of viruses could overlook that, remains a riddle.

Could it be that the term "Contagium" = "Gift" (poison/toxin) = "Virus" from the 18th and 19th century was applied in the 20th century to the cell components which were named "viruses" since the electron microscope was introduced in 1931?

And in order to hide this, the "disease causing viruses" have often been described but never been isolated?

And then they were used as seemingly logical explanation for poisonings and adverse affects of vaccination, as Luhmann (1995) (i.e.) writes about the symptomatic of Hepatitis B, which was observed for the first time in 1985 following smallpox vaccinations, and in 1938 following measles vaccinations?

The copies in the textbooks show only structures within cells and nothing that looks like isolation and thus homogenous.

The biochemical characterization, which is crucial, lacks completely." - Dr Stefan Lanka, in "The 'Viral Fraud': Pictures of 'Isolated Viruses' Debunked", December 2001.

The Common Cold Unit

The Common Cold Unit (CCU) or Common Cold Research Unit (CCRU) was a unit of the British Medical Research Council which undertook laboratory and epidemiological research on the common cold between 1946 and 1989, and produced 1,006 papers.

The Common Cold Unit studied etiology, epidemiology, prevention, and treatment of common colds.

It was set up on the site of the Harvard Hospital, a former military hospital at Harnham Down near Salisbury in Wiltshire.

David Arthur John Tyrrell CBE FRS a **British virologist** who was the **director of the Common Cold Unit, which investigated "viruses"** that caused common colds.

He discovered the first human coronavirus (designated B814) in 1965.

With June Almeida he made the first comparative study of human and chicken **coronaviruses in 1967, and invented the name coronavirus in 1968.**

"For over 30 years, **thousands volunteered in experimental trials** at the Medical Research Council's Common Cold Unit to help find a cure for the common cold.

Colds are caused by viruses, and it is a virus that is currently causing the deadly infectious disease COVID-19 (or to give it its full title, coronavirus disease 2019).

It was through the research of David Tyrell, head of the Common Cold Unit, and **virus-imaging pioneer June Almeida**, that the first coronavirus was identified and imaged in the 1960s.

Opened in 1946, the Common Cold Unit was set up in a former military hospital near Salisbury.

Virologist David Tyrrell and his colleagues made significant advances. They proved many different viruses (including coronaviruses and over 100 rhinoviruses) are responsible for the common cold." - in "Revealing the First Coronavirus", Science Museum Group, 2020.

In 1966, Waterson and Almeida collaborated with the physician and director of research on the common cold, David Tyrrell, who was working on a new organ culture system.

Tyrrell's team had been attempting to detect the presence of rhinoviruses in tissue cultures of cells that they had produced in the lab.

Wellcome Institute

Almeida spent her final years of her professional career at the Wellcome Institute before she retired.

While working for Wellcome, she was named on several patents in the field of imaging viruses.

> ***"Cultivating the Common-cold Virus. In the Salisbury workers trials no colds were produced in 61 volunteers who received control materials."*** *- in "The Lancet", 12 September 1953.*

> ***"A series of trials of interferon was conducted at the Common Cold Unit, Salisbury*** *(a branch of the Clinical Research Centre and supported jointly by the Department of Health and Social Security), which maintains the facilities and staff for the direct support of the volunteers, and the Medical Research Council, which maintains the laboratories and the scientific and technical staff.* ***The first results were disappointing." - D. A. J. Tyrrell,*** *in "Chemoprophylaxis and Virus Infections of the Respiratory Tract", 1977.*

> ***"Believe it or not, one of our biggest problems is giving people colds", says Dr. Robert Philpotts, a staff virologist. "If I could give 80% of the people colds, we could finish this work very quickly. The actual figure is between 1 in 3 and 1 in 5."***
> ***"Two-thirds of colds we can now explain", says Dr Tyrrell. "What the explanation of the other third is I wouldn't want to say.***

Cold viruses seem to find the temperature of the nose - about 33oC. or 91.4oF. - more agreeable than the warmer climate of the blood and internal organs." *- in "Stalking the Common Cold", The New York Times, 14 November, 1982.*

"The CCU was born *and the first volunteers arrived in July 1946. In considering the offer to work there, he felt that he had been so fortunate that it would do him no harm to struggle with this problem for a few years.* ***He had two ideas: one was to grow the virus in human kidney cells, which seemed very susceptible to other viruses."*** *- in "David Arthur John Tyrrell", Biogr. Mems Fell. R. Soc., 2007.*

Discovery of Coronaviruses

"Dorothy Hamre and John Procknow at the University of Chicago isolated a novel cold from medical students in 1962. They isolated and grew the virus in kidney tissue culture, designating it 229E.
Human coronaviruses were discovered as one of the many causative viruses of common cold. *Research on the study of common cold originated when the British Medical Research Council and the Ministry of Health established the Common Cold Research Unit (CCRU) at Salisbury in 1946.*
Directed by Andrewes, ***the research laboratory discovered several viruses such as influenza viruses, parainfluenza viruses and rhinoviruses*** *that cause common cold.*
David Arthur John Tyrrell joined CCRU in 1957 and succeeded Andrewes in 1962.

His team soon after developed a concept of broad categorisation of common cold viruses *into two groups: one group, called H strain,* ***could be maintained only in human-embryo-kidney cell culture,*** *and another group, designated M strain,* ***could be maintained both in human-embryo-kidney cell culture and monkey-embryo-kidney cell culture.*** *In an independent research in US, Dorothy Hamre and John J. Procknow studied respiratory tract infection among medical students at the University of Chicago. In 1962, they obtained 5 samples that were associated with very different symptoms, causing mild cold only,* ***and could be cultured only in secondary human kidney tissue*** *in contrast to other* ***cold viruses which could be maintained in monkey-embryo-kidney cell culture.*** *" - in "****History of Coronavirus****", Wikipedia, 28 April 2022.*

"Soon after starting research I learnt for myself how difficult it might be to detect a 'new' cold virus.
In the early 1950s in the laboratories of the Rockefeller Institute in New York.
In due course I returned to the UK, was appointed to the staff of the Medical Research Council (MRC) and worked in Sheffield on respiratory viruses, such as adenoviruses and influenza; but circumstances led me to join the work on poliovirus vaccines and on the role of recently cultivated enteroviruses, all of which seemed to take me further and further from respiratory viruses. But I was then asked to work at the Common Cold Unit, Salisbury.
I am afraid, neither a complete history of common cold research in volunteers nor a full review of the results of recent work on anti-rhinovirus drugs.
It certainly does not have the literary panache of one of the modern bioessayists.

I hope it will be read and assessed for what it is, general views elicited from a jobbing biologist, who regards himself as very fortunate to have been paid to spend his working life in a fascinating area of research, and to have seen a drastic transformation of our understanding of viruses, disease and the possibility of treatment - and, as a bonus or by-product - has made many good friends around the world.

I have been asked to stand back and describe in broad terms the view I have had of common colds - probably the most frequent of acute human diseases and a long-lasting scientific problem *- and in particular our recent work on antivirals.*

I should be able to do this for two reasons.

Like everyone else I have suffered from colds, but in addition ***I have been studying the problem from the virological and clinical point of view for over 35 years - for the last 31 at the Common Cold Unit, Salisbury.***

As a result I may have problems with perspective *- it is not possible to give a personal view, and at the same time to describe something from every possible angle, and quite impossible to be comprehensive, but I have done my best* ***and readers will make their own judgements and corrections." -***

D. A. J. Tyrrell, Medical Research Council, Common Cold Unit, Salisbury, *UK, in "A view from the common cold unit", Antiviral Research, June 1992.*

"Definition of jobbing: Working occasionally at separate short jobs." *- in "Dictionary", Merriam-Webster, 2022.*

Kidney Cells (Coronaviruses)

“Subsequently, **like SARS-CoV and MERS-CoV, SARS-CoV-2 was isolated on VERO cells, which are kidney epithelial cells** extracted from African green monkey.

We investigated the susceptibility of a number of cells lines available in our laboratory collection to SARS-CoV-2.

African green monkey **kidney cell** lines supported replication of SARS-CoV-2 (VERO 81, VERO SLAM, MA104, and BGM cells) and produced CPE 48 h after SARS-CoV-2 infection. Previous published reports showed that several monkey **kidney cell** lines are susceptible to SARS-CoV-2, specifically classical VERO cells, VERO E6 cells, VERO h/SLAM cells.

In this latter study, they evaluated the cell tropism profile of SARS-CoV-2 in non-human and non-primate cells originating from different animal species and showed that SARS-CoV-2 replicate in cat (**feline kidney CRFK cells), rabbit (RK-13 rabbit kidney cells), and pig cells (PK-15 porcine kidney cells).**

Cellular entry of coronaviruses depends on the binding of the spike (S) protein to a specific cellular receptor and subsequent S protein priming by cellular proteases. Similarly to SARS-CoV, SARS-CoV-2 seems to employ angiotensin-converting enzyme 2 (ACE2) as a receptor for cellular entry, and priming to be performed by the Transmembrane Serine Protease 2 (TMPRSS2).

This likely explains the specific permissivity of animal and **kidney cell lines to the virus.**” - in “Culture of SARS-CoV-2 in a panel of laboratory cell lines, permissivity, and differences in growth profile”, European journal of clinical microbiology & infectious diseases, January 2021.

“It is now well known that patients with novel coronavirus disease 2019 (COVID-19) due to severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) commonly have kidney complications, including acute kidney injury, proteinuria, and hematuria. Recent publications in Kidney

> ***International used electron microscopy (EM) to detect the virus in autopsy or biopsy specimens of the kidney. Most of the published images depicting the suspected virus are very similar, if not identical, to multivesicular bodies (MVBs). MVBs have been well-known since the 1960s and their appearance and occurrence is detailed in the classic monograph of Feroze Ghadially; however, their exact significance and function is unclear. We suspect that the EM images of SARS-CoV-2 published to date are in fact MVBs."*** *- Edward Calomeni, Anjali Satoskar, Isabelle Ayoub, Sergey Brodsky, Brad H. Rovin, Tibor Nadasdy, in "Multivesicular bodies mimicking SARS-CoV-2 in patients without COVID-19", Kidney International, 10 May 2020.*

> ***"Care should be taken to prevent mistaking cell organelles for viral particles."*** *- in* ***"Caution in Identifying Coronaviruses by Electron Microscopy"****, JASN, September 2020.*
> ***"On the physical side, knowledge of the size and morphology of virus particles has been revolutionized by the skilful application of the highspeed centrifuge and of the electron microscope****, the capacities of which have been and are being stretched to the limit in the effort to reveal more details of structure." - in "The Nature of Viruses", CIBA Foundation Symposium, 1957.*

"**ELECTRON MICROGRAPHS** made by Robley C. Williams of the University of California show **disks of protein that are found in a solution of tobacco mosaic viruses which have been broken down by chemical treatment.**

DEGRADED VIRUS PARTICLES are enlarged the same amount in this micrograph by Roger Hart of the University of California. **The particles were broken down by treatment with detergent.**" - in **"Rebuilding a Virus"**, Scientific American, 1956.

"If the development of virus research is described as the transition of the concept of "filterable virus" to the "modern concept of virus" – from multiplication to replication.

The concept of "filterable virus" formed a rallying point of scientific knowledge which turned out to be temporary and which would become replaced by the "modern concept of virus."

The historical development of virus research was characterized by the virologist Anthony P. Waterson as "the story of the progressive unveiling of the nature of the virus particle", implying a sense of continuity based upon the existence of viruses as a category.

In this essay I have made an attempt to show that the concept of "filterable virus" was broken up in the 1930's and 1940's. It was deconstructed because it was felt that the criteria of filterability, invisibility and non-cultivability were not the clear-cut criteria needed to demarcate "viruses" from other infectious agents." - in "History of Virus Research in the Twentieth Century: The Problem of Conceptual", History of Science, 1994.

"Virus research is carried out by individuals representing widely diversified specialties in the physical and in the biological sciences. Man, higher animals, insects, plants and bacteria are susceptible to virus infection.

Therefore, it is natural that physicians, veterinarians, entomologists, plant pathologists and bacteriologists should all be interested in the study of viruses and of virus diseases.

Furthermore, **viruses lend themselves to fundamental investigations by the methods of biochemists, biophysicists, serologists, geneticists** and others.

The natural result is that the findings in this area are published in a great number of journals reflecting the backgrounds of the individual investigators.

Even review articles are widely scattered.

ADVANCES IN VIRUS RESEARCH is planned to help surmount this obstacle encountered by those who attempt to follow virus literature.

The first volume serves to indicate the intended scope of this series.

Included are essays on various viruses which affect man, animals, insects, plants and bacteria.

It is hoped that this and subsequent issues will afford virus researchers a comprehensive up-to-date view of virology as a whole.

Genetics

It is probably not unexpected that the statement can be made that phages seem to exhibit practically every type of genetic property which has been discovered in higher organisms, for it has long been thought that **viruses might well be called "naked nuclei."**

The accuracy of the experiments that demonstrate the properties is not as great as those on, say, Drosophila, but there is no currently apparent reason for believing that more quantitative experiments will alter the present degree of validity of the statement.

It should be noted, that phage genetics experiments do not involve the simple mating techniques of Drosophila but, **as will be demonstrated, seem to be more akin to experiments on population genetics, so the results will always be of a somewhat different sort from those on Drosophila. The genetic experiments are frequently done with the aid of bacterial mutants. By plating so many phages on a plate that there is a confluent lysis due to overlap of plaques**, it becomes possible to pick up resistant bacteria, since only these will grow on such a plate.

With the existence of independent genes established, it was possible to look for genetic recombinations.

The ability of **several serologically related phages to multiply inside a single bacterium** has afforded a powerful tool for **genetic studies of the phages**, for it has been possible to demonstrate **genetic recombination** in such cases." - Kenneth M. Smith, Virus Research Unit, Molteno Institute Cambridge, England in "Advances in Viruses Research", 1953.

> *“**Fundamental Study of Plant Viruses:***
> ***About 25 years ago, in the early days of plant virus study, workers had the rather frustrating feeling of working in the dark.***
> ***They could not be seen, they could not be cultured outside the host, they could not be held back by bacteria-proof filters.***
> *Indeed, **the only evidence of the existence of plant viruses was the diseases they caused**, and the fact that they could be transmitted to healthy susceptible plants.” - Kenneth M. Smith, Virus Research Unit, Molteno Institute Cambridge, England in “Some Recent Work on Plant Viruses”, Scientific Horticulture, 1953.*

“How does a virus differ from a cell?

Most cells are capable of reproducing themselves: they possess the genetic material which is the basis of heredity and the tools necessary to synthesize the essential building blocks and to organize these into a structure just like themselves.

Viruses are never produced directly by division of all existing virus; **invariably they are formed by organization of material produced in the host cell.**

We must consider whether viruses bear any likeness to the particles within a cell, particularly the particles called plasmagenes. Here differences are less easy to find.

Virologists have concentrated on the virus particle itself.

Yet the particle is only a prelude to the infection.

During the longest and most important part of the life cycle, the pathogenic phase in a cell, **no virus particle is present.**

As a matter of fact, **disappearance of the virus particle is the “sine qua non”** for the development of the cellular lesion. **Some bacteria actually carry a gene which can initiate the synthesis of a protein lethal to themselves.”** - in “The Life Cycle of a Virus”, Scientific American, 1954.

> *"In a previous paper J. W. Chapman and I called attention to the fact that the wilt or polyhedral disease affects many different species of insects. We also, showed that the disease is not produced by bacteria, but is caused by minute organisms,* ***capable of passing through diatomaceous filters, and further attempted to demonstrate that the polyhedral bodies always found associated with the disease are not organisms****, as supposed by Bolle, Fischer, Marzocchi and Knoche,* ***but reaction bodies-simply nucleoprotein by-products. In order to satisfy myself that we were really dealing with an organism and not merely with an enzyme, toxin or other material."*** *- R. W. Glaser, in "The Polyhedral Virus of Insects with a Theoretical Consideration of Filterable Viruses Generally", Science, 20 September 1918.*

Nucleoproteins are any proteins that are structurally associated with nucleic acids, either DNA or RNA.

> *"A Virus disease may be defined as a disorder caused by an ultramicroscopic agent which c****annot be propagated outside a living cell.***
> *Practically every type of living organism from bacteria to man is susceptible to attack by* ***viruses and their study is now a scientific discipline of the first importance.*** *Indeed,* ***the losses caused by viruses to man and his economy are prodigious, as witness the recurring epidemics of poliomyelitis and influenza, the perennial foot and mouth disease, and the current wave of fowl pest or Newcastle disease*** *as it is sometimes called." - Kenneth M. Smith, Molteno Institute Cambridge, England in "The Polyhedral Viruses", Science Progress, 1953.*

"In recent years attention has been drawn to the fact that freshly harvested preparations of influenza virus consist of mixtures of infective and noninfective virus particles.

Similar noninfective forms of virus have been demonstrated in preparations of various plant and animal viruses and recently also in bacterial viruses.

The first observation of incomplete influenza virus was probably made by Friedewald and Pickels in their studies on the sedimentation of **influenza virus by high speed centrifugation.**

These latter particles were adsorbed on and eluted from red cells and yet appeared to be noninfective.

Friedewald and Pickels suggested that the **slower-sedimenting hemagglutinin might represent virus particles which had undergone various stages of disorganization or disintegration.**

For convenience **the term "Standard passages" has been introduced to describe passages carried out with dilute seed.**

Similarly, "Standard virus" will be used to describe the yields obtained in Standard passages.

It will be assumed that the bulk of particles present in Standard preparations are fully active, although - as mentioned in the introduction - there is evidence that a small proportion of the particles are incomplete, i.e. hemagglutinating but not infective." - in "Advances in Viruses Research", 1954.

"Within the last decade the questions posed concerning the bacterial viruses and their interactions with their host bacteria have shifted from the biological to the chemical level.

Many of the most important biological questions have been rephrased as chemical problems.

Questions are now being posed concerning the nature of the building blocks and the pathways of their biosynthesis.

> ***The time course of infection, duplication, and virus liberation is being dissected minute by minute in terms of the molecular transformations occurring in these systems.***
> ***Problems of genetic duplication and virus synthesis are being posed and tested at molecular and intermolecular levels.***
> ***Many of the biologists working on phage are now engaged in chemical work, in learning the elements of chemical manipulation, or in hiring chemically trained personnel for their research projects."*** *- in "Advances in Viruses Research", 1955.*

"There is even a lack of agreement about whether viruses form a taxonomic entity.

For many people the term merely embraces those small transmissible agents which, because of their small size, have to be studied by rather similar methods: they may not be all of one kind.

Much discussion has centered on the origin of viruses:

Are they small simplified organisms derived from more complex ones by regressive evolution (Green, 1935; Laidlaw, 1938) Or have they their origins in constituents of host cells?

Or are some one thing and some the other?

To review the relevant arguments would occupy many pages: for the time we will merely admit that we have here questions likely to remain unanswered for a long time to come.

We will try to ignore them and to discuss the evolution of viruses from the time they came into being as such; but the unanswered questions are likely, we fear, to keep intruding.

Viruses are parasites: **we know they exist because they multiply in cells and cause pathological changes-commonly cell-destruction."** - in "Advances in Viruses Research", 1957.

"Examination of the dead larvre showed that they had died of a cytoplasmic virus disease of the gut.

So far as this goes, it is satisfactory; but the experiments have still to be made on a large scale out-of-doors, and **methods of biological control are liable to go wrong because there are so many variable factors."** - Kenneth M. Smith, Molteno Institute Cambridge, England in "What is a Virus?", Nature, 1 January 1955.

> ***"Mammary cancer in mice has been found to be due to a typical virus."*** *- in "What is a Virus?", Vacuum, October, 1956.*

> *"It was not until 1898 when Beijerinck repeated and confirmed this work that the idea of the "filterable virus" was introduced. He also found that the infectivity of the "virus"* ***survived precipitation in ethanol and could diffuse through agar gels. Therefore he stated that this was not a microbe but a "fluid infectious principle."*** *- Thomas M. Bell, in "An Introduction to General Virology", 1965.*

This point is very important, in the destruction of the Medical Trade Virus Theory.

"Once we define a virus only as a particle that can be seen in the electronmicroscope - and, at that, only as a particle that conforms to certain morphologic and biochemical criteria - we tether our thinking with a dogma that has but limited biologic meaning.

The classic definition of a virus, derived from familiar structural characteristics, also implies literal acceptance of Koch's postulates - that the only way to demonstrate viral etiology is to visualize intact virus particles, then to show the ability of these particles to produce infection." - John N. Moloney, in "What Is a Virus?", Hospital Practice, November 1966.

Hypothetical "Viruses" RNA - What causes Virulence?

> ***"Bacterial small RNAs (sRNA), are small RNAs produced by bacteria; they are 50- to 500-nucleotide non-coding RNA molecules, highly structured and containing several stem-loops. Bacterial sRNAs affect how genes are expressed within bacterial cells via interaction with mRNA or protein, and thus can affect a variety of bacterial functions like metabolism, virulence, environmental stress response, and structure."*** *- in "A rough guide to the non-coding RNA world of Salmonella", 29 December 2008; "The Staphylococcus aureus RNome and Its Commitment to Virulence", March 2011.*

"During infection, bacterial pathogens successfully sense, respond and adapt to a myriad of harsh environments presented by the mammalian host.

This exquisite level of adaptation requires a robust modulation of their physiological and metabolic features.

Additionally, virulence determinants, which include host invasion, colonization and survival.

A large body of evidence implicate the prolific roles played by bacterial regulatory RNAs in mediating gene expression both at the transcriptional and post-transcriptional levels.

This review describes mechanistic and regulatory aspects of bacterial regulatory RNAs and highlights how these molecules increase virulence efficiency in human pathogens." - in "RNA-Dependent Regulation of Virulence in Pathogenic Bacteria", Frontiers in cellular and infection microbiology, October 2019.

"RNA can be isolated from human feces and that this RNA contains human gene transcripts. We have therefore developed a method for the isolation of total RNA from freshly passed human stool, **consisting of lysis in chaotropic agents, repeated extraction with phenol and phenol-chloroform, and absorption with an RNA-binding resin.**

After treatment with RNase-free DNase I, we assayed these preparations for the presence of human RNA by quantitative slot blotting, northern blotting, and reverse transcription-polymerase chain reaction (RT-PCR).

The method we have utilized to purify total RNA from human stool samples has many parallels to that devised for the purification of DNA from stool.

As with DNA, the purification of RNA require s multiple extractions with phenol and phenol± chloroform, followed by purification with a nucleic acid-binding resin such RNA Tack.

Furthermore, **by comparison with known positive controls, we estimated that, like DNA, only a small percentage of the RNA purified from human stool is of human origin**, suggesting that **most of the nucleic acids isolated from feces is from intestinal bacteria.**

Since the RNA purification procedure utilizes multiple extractions with phenol and phenol± chloroform, the presence of bacterial RNA might actually enhance the yield of human RNA.

That is, **bacterial RNA might serve as a carrier to the small amounts of human RNA in these samples**, RNA which might otherwise be lost during these multiple extractions.

As with DNA, we observed a lower yield of RNA from control stool samples than from stools of patients with colon tumors.

We also found that RT-PCR amplification of RNA from control stools was more difficult than that from stools of patients with colon tumors." - in "Purification of total RNA from human stool samples", Digestive Diseases and Sciences, December 1998.

"We thresholded the samples to ascertain the value at which a droplet was considered positive by applying a multistep process that used the following positive and negative controls included on each plate:

ATCC SARS-CoV-2 RNA, RNA extracted directly from attenuated BCoV vaccine prepared in PBS, water, and elution buffers.

First, we set the threshold between the mean positive and negative amplitudes of these controls to minimize detected copies in the negative controls and to reflect the expected RNA concentration of the positive samples.

We then calculated the difference between the mean negative amplitude and the threshold amplitude in the negative control reactions and added it to the mean negative amplitude for each sample.

Further, we noted the highest detected copy number in the none (no RNA or BCoV spiked) **stool samples** as the LoB.

Samples with detected copies per µL below the LoB were marked as Undetermined.

Finally, absolute quantification of nucleic acids using ddPCR relies on the generation of a Poisson distribution of template RNA in droplets, requiring an adequate number of droplets with a negative amplification signal.

Therefore, in instances where a reaction has saturated amounts of template, **we diluted the sample and performed the assay again** to ensure reliable quantification.

Final copy numbers are reported as copies per µL of target in eluate.

This was calculated by multiplying by copies per µL reported in each ddPCR reaction by total reaction volume (22 µL) and dividing by input template volume (5.5 µL)." - in "Standardized preservation, extraction and quantification techniques for detection of fecal SARS-CoV-2 RNA", Nature Communications, 1 October 2021

The Presence of SARS-CoV-2 RNA in Human Sewage in Brazil November 2019

"Human sewage from Florianopolis (Santa Catarina, Brazil) was analyzed for severe acute respiratory syndrome coronavirus-2 (SARS-CoV2) from October 2019 until March 2020.

25 ml of sewage samples were clarified, and viruses concentrated using a glycine buffer method coupled with polyethylene glycol precipitation, and viral RNA extracted using a commercial kit.

SARS-CoV-2 RNA was detected by RT-qPCR using oligonucleotides targeting N1, S and two RdRp regions.

The results of all positive samples were further confirmed by a different RT-qPCR system in an independent laboratory.

S and RdRp amplicons were sequenced to confirm identity with SARS-CoV-2.

Genome sequencing was performed using 2 strategies; a sequence-independent single-primer amplification (SISPA) approach, and by direct metagenomics using Illumina's NGS.

SARS-CoV-2 RNA was detected on 27 November 2019 (5.49 ± 0.02 log10 SARS-CoV-2 genome copies (GC) L−1), detection being confirmed by an independent laboratory and genome sequencing analysis.

The samples in the subsequent 3 events were positive by all RT-qPCR assays; **these positive results** were also confirmed by an independent laboratory.

The average load was 5.83 ± 0.12 log10 SARS-CoV-2 GC L−1, ranging from 5.49 ± 0.02 log10 GC L−1 **(27 November 2019)** to 6.68 ± 0.02 log10 GC L−1 (4 March 2020).

Our findings demonstrate that **SARS-CoV-2** was likely **circulating** undetected in the community **in Brazil since November 2019**." - in "The presence of SARS-CoV-2 RNA in human sewage in Santa Catarina, Brazil, November 2019", The Science of the Total Environment, 15 July 2021.

Wuhan Large Pig Roundworm Virus Identified in Human Faeces

"This is the first report of a Wuhan large pig roundworm virus detected in human specimens, and the second genome described worldwide.

Metagenomics is transforming the field of virus discovery

Specifically, the whole-transcriptome approach provides a rich source of data which can be used to characterize the virosphere, providing new perspectives on viral diversity and evolution.

A large-scale meta-transcriptomic survey of Chinese pig stomachs was conducted by Shi et al.

During the survey, a new bisegmented RNA virus, probably originating from nematodes, was discovered.

This new viral species was provisionally titled Wuhan large pig roundworm virus (suggested abbreviation WLPRV).

It is composed of a large genome segment 1 (1560 bp), containing the ORF coding for the viral RNA-dependent polymerase (RdRp), and a smaller segment 2 (1278 bp) hypothetical protein gene.

A survey conducted throughout northern Tocantins state in Brazil was performed during the years 2010 through 2016 to **screen human faeces for the presence of enteric viruses.**

In this survey, **next-generation sequencing (NGS) techniques** were used to develop a complete group A rotavirus genome determination for sample BRA/TO-34, in which the **Wuhan large pig roundworm virus was detected.**

The present study is no exception; **there was no epidemiological connection between the patient and the virus."** - in "Wuhan large pig roundworm virus identified in human feces in Brazil", Virus Genes, 28 March 2018.

Fecal Specimens Has Great Potential Benefit for More Accurate Screening of Covid-19

“The need for timely establishment of a complete diagnostic protocol of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is demanded worldwide.

We selected 15 positive novel coronavirus disease 19 (COVID-19) patients with mild or no symptom.

Initially, fecal samples were negative in the 67% (10/15) of the cases, while 33% (5/10) of the cases were positive.

After serial virus RNA testing, 73% (11/15) of the cases resulted positive to fecal specimens.

In particular, 15 days after the first positive respiratory specimens test, 6 fecal specimens became positive for SARS-CoV-2 RNA, while 13 respiratory test returned negative result.

In conclusion, qRT-PCR assays of fecal specimens, is an important step to control infection, suggesting that samples **remained positive for SARS-CoV-2 RNA longer time then respiratory tract samples.**

Conclusion

A fecal SARS-CoV-2 RNA virus test using real-time RT-PCR techniques was used to evaluate the virus shedding 2 weeks after a positive respiratory tract swab.

Results from this study demonstrated that **patients had fecal samples positive test 25 days more than their respiratory tract test.**

Some limitations refer to the number of samples analysed, more samples will better define the virus shedding in feces and the utility to recommend **routine fecal specimens tasting.**

In conclusion, **fecal specimens has great potential benefit for more accurate screening of SARS-CoV-2 infections.**” - in “Evaluation of SARS-CoV-2 viral RNA in fecal samples”, Virology Journal, 30 June 2020.

The Virus Sewage Farce

"People infected with coronavirus (COVID-19) shed the virus during daily activities such as going to the toilet and blowing their nose.
The virus enters the sewer system through sinks, drains and toilets.
Fragments of SARS-CoV-2 (the virus that causes COVID-19) can be detected in samples of wastewater (untreated sewage).
The Environmental Monitoring for Health Protection (EMHP) wastewater monitoring programme helps identify where the virus is circulating in England as well as detecting mutations of the virus, including those associated with known Variants of Concern (VOCs), and Variants Under Investigation (VUIs).
As the threat of variants has emerged, the programme has played a key role in the detection of mutations of the virus, including those associated with known VOCs and VUIs.
This is achieved through genomic sequencing of wastewater samples, to provide an indication of where VOCs and VUIs may be present *across England.*
Findings are reported to national and local stakeholders on a regular basis, helping to inform decision making." - in "EMHP wastewater monitoring of SARS-CoV-2 in England: 1 June to 7 February 2022", GOV.UK, 24 February 2022.

The PCR Test Farce

"The "Gold Standard" for detection of enteric pathogens in stool samples is bacterial culture using a variety of selective and differential media.

Realtime detection polymerase chain reaction (RTD-PCR) has been applied for the detection of food-borne pathogens, cancer, genetic diseases and infectious diseases.

Physicians and patients need to be aware that all stool analysis assays may not be valid and users of these assays should demand to see verification study data in order to discern the claims of the commercial entity offering the lab developed assay.

The claims made by the Subject Laboratory that their DNA assessment of stool samples is specific and accurate, could not be supported by this independently conducted proficiency challenge." - in "Assessment of the Diagnostic Accuracy of Recently Introduced DNA Stool Screening Test", International Journal of Human Nutrition and Functional Medicine, **2014.**

Pollutants were Significantly Associated with Respiratory Mortality

"7,965 cases of Respiratory Mortality were assessed, with mortality attributed to:

62.9% - Chronic Lower Respiratory Diseases
28.5% - Influenza
8.6% - Pneumonia, other forms Respiratory Diseases

Observed pollutants were significantly associated with respiratory mortality.

In the single pollutant model, 10 μg/m3 increase in a two-day moving average of PM2.5, and SO2 concentrations were significantly associated with relative risk 1.313 (1.032, 1.708) and 1.4020 (0.827, 2.854) of respiratory mortality, respectively.

The effects of both air pollutants remained statistically significant after adjusting for collinearity in the multi-pollutant model.

Conclusion: This study provided evidence that respiratory mortality in Xi'an was significantly associated with exposure to ambient air pollutants from 2014 to 2016." - in "Ambient air pollution and respiratory mortality in Xi'an, China: a time-series analysis", Respiratory Research, 5 July 2019.

"The hazardous and the harmful substances with the dust combined action challenge has the considerable significance for the Industrial and the Agricultural Hygiene, in connection with the fact, that this type of the combinations are being met in the Agriculture, Mining, Building, Metallurgical, Chemical Industry and the others. The data on the Industrious Poisons series have already been generalized, for the purpose of the quantitative dependence receiving of

the substance toxicity degree change dependence, in the combination with the dust.
All kinds of the poisons have already been classified by the impact and the influence danger and the risk level upon the human organism." *- in "The industrial poisons toxicity degree rating under the dust highly enriched content in the air conditions", International Journal of Fundamental and Applied Research, Issue 1, 2011.*

Germs do Not Cause Disease
Rather the body generates disease occasions for the germ proliferation that takes place

"During the inflammatory process, pus is formed from the aggregate of dead cells and from the healing, white blood cell activity that takes place; and bacteria proliferate to feast on and process this material which makes it easier for the body to expel.

In this way, **bacteria symbiotically assist in breaking down these toxic materials for elimination.**

In the process, however, the excreta of bacteria generated therein is toxic.

The bacteria's own excretion reflects the morbidity of the toxins they consume, in that these wastes are also highly virulent.

If not eliminated from the body, these accumulate to such an extent that the body initiates a cleansing/healing crisis (e.g.: fever, pneumonia, etc...).

When toxicosis exists and threatens the well-being of the organism, **the body responds by purging the toxins, and disease symptoms appear.**

Bacteria are present to decompose metabolic wastes, toxins, dead cells and tissues, and as such are a vitally important part of the healing process.

The key point is, however, that it is the diseased toxemic condition, where the body is overwhelmed with poisonous

waste, which creates an environment favourable to the mutation of bacteria into those commonly associated with particular diseases.

The disease condition favours proliferation and increasing virulence, until their function of devouring toxic debris is accomplished.

Saying that bacteria causes an ulcer, pustule or pimple about the genitals disregards the fact that these result from the body's autolysis (self-digestion) of issue.

The creation of boils and inflammations characteristic of V. D. are vital body actions, not bacterial or viral invasions.

Similarly, **pneumonia is thought to be caused by the bacterium pneumococcus, although it is absent in more than 25% of cases.**

Moreover, administering the bacterium to healthy organisms does not occasion the disease.

Guyton's Medical Textbook acknowledges that viruses have no reproductive system, no locomotion, no metabolism, and cannot be reproduced as live entities in vitro.

Since "viruses" are not alive, they cannot act in any of the ways as ascribed to them by medical authorities.

"Viruses" Are Not Micro-organisms.

Photos of alleged viruses "injecting themselves" into a cell actually show the cell literally engulfing the "virus" or proteinaceous debris.

In the medical rationale to viral disease causation, we are told to believe in obligate reproduction, where one organism (the cell) is obligated to reproduce an alien organism (the "virus").

Nowhere in nature, however, does any living thing reproduce anything other than its own kind." - Arthur M. Baker, in "The Viral Theory of Disease Causation", College of Practical Homoeopathy, 2005.

Hypothetical "Viruses" DNA

- What causes Virulence?

"A study published in the June Nature Genetics shows that transgenic mice that can't clean up DNA debris are more likely to develop an Autoimmune Disease.

More than 1 Million people in the United States alone suffer from systemic lupus erythematosus (SLE), a condition in which the immune system produces misguided antibodies that latch onto **common cellular waste, such as snippets of DNA or protein-DNA complexes.**

When the antibody-laden waste ends up in the kidney and other organs, it can cause inflammation and tissue damage. In severe cases, patients may die of kidney failure or heart attacks." - in "Talking (DNA) Trash", Science, 7 June 2000.

> ***"For the first time we were able to demonstrate a mechanism by which a virus uses the cellular waste-disposal system to facilitate release of the viral DNA, which is subsequently multiplied, and used for the formation of new virus particles."***
> *- in "Virus exploits cellular waste disposal system", Nanowerk, 18 October 2012.*

Metabolic Waste

"Viruses are non biological entities.

For the truth is that: Any poison particle has an inherent virulence principle, depending on its nature, and origin.

The longer any poisonous particle remains in any system, the greater the opportunity for virulence arises if an increased delay, in its removal from any biologic system is allowed to happen.

Thus, any healthy body is more than able to get rid of such poisonous particle without any visible symptoms.

The problem lies in those individuals whose body systems are already overburden by metabolic waste, and thus all Emunctory channels, will struggle to cope with a further burden of any toxic waste, and more so the bacteria, or germ waste matter.

Thus, what causes virulence, is Metabolic Waste from Cellular Metabolism (DNA), and Microbial Waste (RNA), both, if the Emunctories are not fully functional, the increase and retention above normal on the amount of any such waste, can lead to virulence." - in "Emunctology: Principles and Foundations of the Emunctory System", 2021.

> ***"The element of danger to the body in these rapidly destructive diseases is less the germ itself than the "toxin" which it creates in growing."*** *- Dr James C. Wood, AM, MD, FACS, in "The Central Journal of Homeopathy", 1924.*

"More important than the formation of "viruses" and inclusion bodies by the over-contraction the protein undergoes in disease is the over-expansion to which it subjects the cytoplasm of the cells of the structures in plants, and of the tissues and organs in animals and man, to cause the manifestations.

In the cases of animals and man, the manifestation arises in the tissue or organ which originated from the damaged region in the protein; and the lesions which form in the tissue or organ have their origin in the host's second line of defence that is provided by the leucocytes." - Dr J.E.R. McDonagh, FRCS, in "The Nature of Disease Institute Second Annual Report", 1949.

Epidemic Infection from Bacterial Toxaemia

"During the past 2 years I have been surprised by, the unusual frequency with which I have met with cases of Cardiac Pain; and another doctor has, had a similar experience. Most of these cases have been apparently ordinary enough types of the complaint, in which no unusual cause could reasonably be assigned; but some have been suggestive of an infective factor in their causation, in a way to which I was unaccustomed.

The short series of cases which I am going to place before you consists, first, of 5 which **seem to be due to some Epidemic Infection, such as we are in the loose habit of calling "Influenza"; and secondly, of 3 cases apparently partly due to Bacterial Toxaemia of other sorts.**

These few cases provide only a very slight picture of what I submit they certainly suggest.

I hope to to draw attention to a factor in the causation of a very serious condition, whose fuller recognition may prove to be of practical use, and to record, what I think has been something approaching an epidemic of cardiac pain due to some Epidemic Toxaemia." - Dr William Gordon, MA, MD in "Bacterial Toxaemia and Cardiac Pain", Br. Med J., 23 April 1927.

> *"**There are some toxins removed in the blood** by venesection **and this is of great consequence.** Some obstetricians hold that the loss of blood in child-birth in patients with toxaemia or eclampsia is of great benefit. **Ide in a recent article quoted in the Journal of the A.M.A., has drawn attention to the fact that in 30%, of all Influenza cases there was Epistaxis. He thinks that this is nature's way of eliminating toxins.** At any rate epistaxis relieves the symptoms." - Dr J. Ivimey Dowling, MD, FACS in "Journal of Ophthalmology, Otology and Laryngology", October 1921.*

The Problem of Infection

The problem of infection; Why so many trial cases of infection fail?

This is linked to the Toxaemia level in the blood stream.

Those who have a higher level of dysbiosis (dysbacteriosis), and consequently a higher toxicity level in the blood stream, these individuals, their body systems will be overburden, and not able to starve off infection.

Those on the other hand, who have a lower level of toxic burden in the blood stream, and therefore in the body tissues, these individuals, their body systems will be able to resolve any new infection, thus no symptoms of infection will appear.

As long as the amount of pathogenic bacteria, can be kept at manageable levels in the body, this is under 20% of the total ecosystem of the human microbiome, the body is able, and capable to starve of any infection, as long it has proper nutrition, and clean water in the system; to repair, and be able to renew it self from same.

> *"We evaluate the in vivo effects of bacteremia with a periodontal pathogen on endothelial progenitors, bone marrow-derived cells capable of endothelial regeneration, and delineate the critical pathways for these effects. Vascular health is maintained by healthy endothelium that can in part be regenerated by circulating endothelial-regenerating cells (e.g. Sca1+/flk1+ progenitors). Numbers of these regenerating cells are associated with endothelial function and cardiovascular outcomes.* ***Impaired endothelial regeneration after endothelial cell damage – as known to be elicited by periodontal pathogens - is closely connected to the development of atherosclerotic lesions."***
> *- in "Mobilization of Endothelial Progenitors by Recurrent Bacteremias with a Periodontal Pathogen", PLoS One, 23 January 2013.*

"Acute infections of the upper respiratory tract are usually ushered in by the common cold. Many different organisms have been suspected to be the causative agent.

The known pathogenic bacteria that are found in the nose and throat at most times are the various streptococci, pneumococci, staphylococci, certain gram-negative cocci and Pfeiffer's bacillus.

The possibility that a filtrable virus is the cause of the common cold was first suggested by Kruse in 1914.

He reported the experimental production of colds by means of a bacteria-free filtrate. However, many other observers have failed to confirm Kruse's findings.

Experimental evidence that the etiologic agent of the common cold is able to activate pathogenic bacteria usually present in the upper respiratory tract, such as the streptococci and pneumococci.

From clinical observation, from reports in the literature and from such bactériologie investigations as have been done, I am led to believe that a transitory or an evanescent type of bacteremia is fairly common and possibly the usual complication following an acute infection of the upper respiratory tract, especially when due to the hemolytic streptococci.

Unexplained fever or fever out of proportion to the degree of the involvement of the throat can be explained by this probable bacteremia. If this bacteremia is present, possible complications are limited only by the distribution of the blood stream." - Dr Howard C. Ballenger, MD in "Bacteremia and acute infections of the Upper Respiratory Tract", Arch. Otolaryngo., October 1934.

> ***"The mortality rate increased progressively with the ages of the patients, this being true for patients both with and without bacteremia. It was also true, in general, of the patients with each type of pneumonia. The incidence of bacteremia in each age group paralleled the mortality through the fifth decade."*** - *in "Clinical Significance of Bacteremia in Pneumococcic Pneumonia", Archives of Internal Medicine, April 1937.*

"If routine blood cultures were made in all cases of Acute Upper Respiratory Infection, no doubt the number of positive observations would be a matter of surprise. No matter what the clinical picture at the time, one has the right to suspect that grave mischief is brewing and a careful search should be made for evidences of early Endocarditis, early Pneumonia, Arthritis or Peritonitis. The serious Sepsis sometimes following instances of Angina." *- Dr Samuel Pearlman, MD in "Bacteremia and Acute Throat Infections", JAMA, 13 December 1930.*

Toxaemia has the Cause of Disease

"By concentration of the poison, which will infect the same man by its greater potency **at the beginning of an epidemic rather than at the end; by acclimatisation, the effects of which are seen in a yellow fever district, where the old residents suffer less than new comers; by previous disease,** as instanced in the well known fact that a disease may sometimes not be taken more than once; **by occupation, which renders some men more exposed than others; by state of health, and by food supplied.**

These are all modifying causes; and, if they are not duly attended to, the greatest confusion results in the observation of an Epidemic.

The simple retention of these in the bowels may give rise to serious disease, and aggravate all forms of Epidemics.

When matters have been long retained in the bowels they give rise, on the one hand, in extreme cases, to **symptoms very analogous to those produced by the inoculation of putrid matters in the blood, viz., low fever and typhoid symptoms, and delirium.**

The habitual foul breath and tongue, and the generally offensive odour of persons who are habitually constipated, is evidence of the same slow poison in action.

The very propinquity of alvine matters causes the pus in abscesses in the neighbourhood of the bowels to undergo putrefaction.

The effects of cholera dejections on man and the lower animals are peculiar.

Five case have been quoted by Dr Richardson, in his review on the water supply in London (Journal of Public Health, Vol. I, p.130), in which **5 persons partook of these; 4 took cholera, and one died.**

There is reason to believe that T**yphus and Yellow Fever are occasionally produced by the retention of putrid alvine matters.**

One variety of malignant puerperal fever, accompanied with mania, was without doubt produced by a similar cause; and there are ordinary cases of mania, which may possibly be traced to the same poison in operation.

So true is it that dampness often exists with Epidemics, that Dr Barton, of the United States, has founded thereon a theory, which has been supported by Dr Hunt of Buffalo (Transactions of the American Association 1854), that **without the conjunction of dampness and what he called Terrene Causes, no Epidemic can occur.**

I would state that many of the remarks made on the spread of epidemics, although applied especially to fermentation of alvine dejections, **apply equally to diseases arising from the decomposition of other animal and vegetable matters.**

The same general principle obtains, in fact, in all, both as regards prophylaxis and treatment.

I believe that much disease is produced and extended by the causes described, but that, with a little good will and industry, **it might be entirely removed or prevented**." - Dr C. H. F. Routh, MD, Physician St. Pancras Royal General Dispensary, Assistant-Physician to the Samaritan Hospital, Vice-President of the Medical Society of London, in "Fermenting Alvine Excretions as a Source of Disease", Journal of Public Health Sanit. Rev., 2 July 1856.

Respiratory Distress in the Beginning of Winter, and then Again in the Start of Spring

Here we need the reader to understand that the state of the kidneys, being damaged first by bad choice of food ingredients and items, which need to pass through the kidney tubes "ureters", this damages this kidney and impairs its function, which when the individual is on Medical Trade Drug so-called "Medication", this powders and compounds aggravate the state of this long and tinny kidney tubes, leading obviously to kidney stasis:

> ***"Stasis where slow urine flow leads to buildup of debris (stone) or potentiates infection. Vessicoureteral reflux which allows for introduction of lower urinary tract bacteria to the kidney and can lead to pyelonephritis.*** *Conditions which combine problems such as posterior urethral valves where the bladder* ***outlet obstruction compromises kidney function." - in*** *"Holding Water: Congenital Anomalies of the Kidney and Urinary Tract, CKD, and the Ongoing Role of Excellence in Plumbing", Adv. Chronic Kidney Disease", November 2017.*
>
> ***"A kidney infection can lead to potentially serious complications, such as: Kidney scarring. This can lead to chronic kidney disease, high blood pressure and kidney failure. Blood poisoning (septicemia)."*** *- in "Kidney Infection", Mayo Clinic, 26 August 2020.*

How Does It Progress

"A 50 year old male admitted to our intensive care unit in
Acute Renal Failure (ARF), and
Pulmonary Edema (PE), following an episode of
Haemorrhagic Shock (PS) subsequently developed
Acute Respiratory Distress Syndrome (ARDS), complicated by
Cardiovascular Instability, and
Sepsis.

ARF and Pulmonary Edema treated with infrequent haem dialysis due to dialysis due to logistical problems limited the provision of adequate protein nutrition.

ARDS characterised by severe Hypoxia." - in "A Case of Multi Organ Failure - Risk and Benefits of Treatment Strategies", Shock, December 1995.

Severe Acute Respiratory Syndrome Coronavirus 2

"Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), the causal agent of coronavirus disease 2019 (COVID-19).

The clinical manifestations of patients infected with COVID-19 include Fever, Cough, and Dyspnea, up to Acute Respiratory Distress Syndrome (ARDS) and Acute Cardiac Injury.

Thus, a lot of severe patients had to be admitted to intensive care units (ICU).

The overexpression of human ACE-2 is associated with the disease severity in SARS-CoV-2 infection, demonstrating that viral entry into cells is a pivotal step.

Although **the lung is the organ that is most commonly affected by SARS-CoV-2 infection, Acute Kidney Injury (AKI), heart dysfunction and abdominal pain are the most commonly reported co-morbidities** of COVID-19.

The occurrence of Acute Kidney Injury (AKI) in COVID-19 patients might be explained by several mechanisms that include viral cytopathic effects in renal cells and the host hyperinflammatory response.

In addition, **kidney dysfunction could exacerbate the inflammatory response started in the lungs and might cause further renal impairment and multi-organ failure.**

Mounting recent evidence supports the involvement of cardiovascular complications and endothelial dysfunction in COVID-19 syndrome, in addition to respiratory disease.

To date, there is no vaccine, and no specific antiviral medicine has been shown to be effective in preventing or treating COVID-19.

The removal of pro-inflammatory cytokines and the shutdown of the cytokine storm could ameliorate the clinical outcome in severe COVID-19 cases.

Therefore, several interventions that inhibit viral replication and **the systemic inflammatory response could modulate the severity of the renal dysfunction and increase the probability of a favorable outcome." -** in "SARS-CoV-2 and Viral Sepsis: Immune Dysfunction and Implications in Kidney Failure", Journal of Clinical Medicine", 15 December 2020.

Multi Organ Failure

"Emerging of the new cross-species influenza virus infection becomes the great concern in tropical medicine.

In the present year, the new virus, H10N8 influenza, emerges in China and causes the human infections.

Until present, there are at least three confirmed cases of H10N8 influenza virus infection and this becomes the concern for global public health workers." - in "H10N8 influenza infection and multi-organ failure syndrome", Asian Pacific Journal of Tropical Disease, 11 July 2014.

The it "Begins" in China Myth

"A lethal flu virus emerges in China, and the Chinese and American governments join together to search for a vaccine to prevent a global pandemic." *- in "Medusa", 2009.*

"2002 SARS, or Severe Acute Respiratory Syndrome, emerges in China." *- in "Pandemics", 2011.*

"H10N8 influenza, emerges in China." *- in "Asian Pacific Journal of Tropical Disease, 11 July 2014.*

Virulence Factors

"Extraintestinal pathogenic E. coli (ExPEC) are facultative pathogens that are part of the normal human intestinal flora.

The ExPEC group includes uropathogenic E. coli (UPEC), neonatal meningitis E. coli (NMEC), sepsis-associated E. coli (SEPEC), and avian pathogenic E. coli (APEC).

Virulence Factors (VF) related to the pathogenicity of ExPEC are numerous and have a wide range of activities, from those related to bacteria colonization to those related to virulence, including Adhesins, Toxins, Iron acquisition factors, Lipopolysaccharides, Polysaccharide capsules, and Invasins, which are usually encoded on Pathogenicity Islands (PAIs), Plasmids and other mobile genetic elements.

Virulence Factors related to the pathogenicity of ExPEC are numerous and have a wide range of activities, from those related to bacteria colonization to those related to virulence, i.e. invasiveness.

Current scientific evidence suggests that infection cannot be caused by a single virulence factor, but by many specific agents.

Most importantly, preference of bacteria to colonize a specific site in the host organism is associated with timed expression of genes encoding virulence factors.

Additionally, it has been observed that the coexistence of many virulence genes is associated with increased Intestinal Translocation (passage of gastrointestinal microflora across the lamina propria).

Consecutive Virulence Factors, which were also the focus of this part of the paper, are toxins.

Toxins play a very important role during an infection as they contribute to the spreading of bacteria in tissues, increase cytotoxicity and insensitivity to neutrophils." - in "Virulence factors, prevalence and potential transmission of extraintestinal pathogenic Escherichia coli isolated from different sources: recent reports", Gut Pathogens, 2019.

"The molecular approach to microbial pathogenesis has resulted in an impressive amount of data on bacterial virulence genes. Bacterial genome sequences rapidly add candidate virulence genes to electronic databases.

The interpretation of this overwhelming information is obscured because every gene involved in pathogenicity is called a virulence gene, regardless of its function in the complex process of virulence.

This review summarizes the changing concept of bacterial virulence and the detection and identification strategies followed to recognize virulence genes.

A refined definition of virulence genes is proposed in which the function of the gene in the virulence process is incorporated.

We propose to include the life-style of bacteria in the assessment of their putative virulence genes.

A universal nomenclature in analogy to the EC enzyme numbering system is proposed.

These recommendations would lead to a better insight into bacterial virulence and a more precise annotation of (putative) virulence genes.

With the shades of gray in virulence and virulence genes, the final conclusion would be that we cannot draw a clear line between virulence genes and all others.

The best we can do is to subdivide genes according to their function.

Until the role of a newly discovered "putative virulence gene" is assessed for the organism (at the species or even subspecies level) predictions based on sequence similarity must be treated with a healthy amount of suspicion." - T. M. Wassenaar, Division of Bacteriology, Department of Infectious Diseases and Immunology, School of Veterinary Medicine, University of Utrecht, Wim Gaastra, Department of Bacteriology, Institute of Infectious Diseases and Immunology, Faculty of Veterinary Medicine, University of Utrecht, The Netherlands in "Bacterial virulence: can we draw the line?", FEMS Microbiology Letters, July 2001.

The Medical Trade Theory of Virus; Down the Drain

What Causes Virulence

"In the concrete case it may be difficult to distinguish between mixed and secondary infections; but, speaking strictly, mixed infection should mean the simultaneous entrance into the tissues of the body of 2 or more different **virulent pathogenic organisms**. It is most commonly observed in the case of local infections of tissues that stand in immediate communication with **some of the surfaces of the body which always harbour various bacterial species.**

In pharyngeal diphtheria, for instance, streptococci enter the tissues of the tonsil so constantly and so early that Baumgarten and others

regard this form of mixed infection as constant. Analogous conditions are presented by scarlet fever.

Bronchopneumonia due to respiratory infection is commonly probably a mixed infection, pneumococci, encapsulated bacilli, influenza-like bacilli, staphylococci, and streptococci being associated in all possible combinations.

Wound infections are also frequently mixed infections; infections with anaerobic organisms like the gas bacillus, the fusiform bacilli, tetanus bacillus, are usually mixed infections, one or more of the common pyogenic species being present also.

A secondary infection means, the occurrence of a second microbic invasion in a body already the seat of an existing or primary infection.

In most cases there is good evidence that the primary infection prepares the way and opens the door for the secondary invaders.

Thus all primary infections associated with destructive and ulcerative lesions of skin or mucous membranes, like diphtheria, variola, typhoid fever, tuberculosis, etc., facilitate directly secondary infection with microbes, the most important of which normally are present on the

surfaces of the body (streptococci, pneumococci, staphylococci, etc).

More than this, we have the best of reasons to believe that infectious diseases, like those just mentioned, directly or indirectly may lead to diminution in the normal powers of the body to resist infections.

Smallpox, scarlet fever, measles, tuberculosis, diphtheria, are associated so commonly with secondary infections, especially streptococcal, that there is no escape from the conclusion that the conditions must be more favourable for streptococcal infections in these diseases than in health.

Various groupings of associated infections are possible upon the basis of the distribution and fate in the body of the microbic forms:

1. The associated microbes may remain localized; e. g., in mixed local infections.
2. Both primary and secondary invaders become disseminated more or less extensively throughout the body; e.g., tubercle bacilli and streptococci.
3. The primary organism remains localized or undergoes involution, whereas the secondary invaders persist and extend. **A good illustration is general streptococcremia secondary to diphtheria, scarlet fever, smallpox, measles, tuberculosis, or cholera.** Not infrequently this streptococaemia becomes apparent after the subsidence of the main symptoms of the primary disease. **In pneumonia, typhoid fever, influenza, and other diseases, secondary lesions, often of a metastatic character and due to mixed and secondary invaders, may develop after the primary infection has died out.**
4. The mixed or secondary invaders remain localized, whereas the chief organism is disseminated. This, the largest group, is illustrated by local suppurative infections in almost all infectious diseases, by the superficial pyogenic invasion of tuberculous cavities, the deeper extension being purely tuberculous, etc.

Manifestly the forms of bacterial association are so manifold that many escape mention in summaries of a general character.

A secondary infection may be multiple or mixed, and examples are not wanting of the occurrence of mixed or secondary bacterial infections in protozoan diseases, and vice versa.

Association of pathogenic bacteria in mixed and secondary infections tends to increase the danger to the patient.

In human pathology we have no positive knowledge of one infection being antagonistic to any other infection.

Judging from experiments it seems more likely that the bacterial associations tend to increase the virulence of one or other of the associated bacteria.

Roux and Yersin came to the conclusion that the simultaneous infection of diphtheria bacilli and streptococci results in an increased virulence of the diphtheria bacillus; v. Dungern, on the other hand, concluded that the virulence of the streptococcus was heightened.

Experimental tuberculosis assumes a more acute form in the presence of pyogenic bacteria (Baumgarten, Pawlowsky); this is in harmony with the fact that in human tuberculosis fresh eruptions of tubercles appear to follow secondary infections.

The change that occurs in many infectious diseases with the advent of secondary severe streptococcus infections, for instance, is an ominous one.

Here the effects of the secondary infection are often so overwhelming that, as sometimes seen in diphtheria, the treatment of the primary infection with specific serum may be of no appreciable avail. The beneficial results some times observed from the use of yeast cultures in the treatment of furunculosis, gonorrhæa, etc., are not explainable as the result of a secondary infection , because the yeast organisms in these instances are not infective; the results are most likely due to the leukocytosis induced by the nucleinic acid of the yeast.

Experimentally natural resistance may be diminished by various means:

1. Artificial diabetes renders animals more susceptible to infections than normally;

2. So does diminished alkalinity of the blood;

3. Muscular exhaustion has been found to reduce the bactericidal substances in the blood.

4. Reduction of the body temperature renders animals abnormally susceptible to infections. In some of the common human diseases, the predisposing causes are of great importance. Diphtheria and pneumonia, the specific causes of which are so widely distributed, are largely cold-weather diseases. The manner in which cold reduces resistance has not yet received a satisfactory explanation.

5. Alcoholism, uraemia, venom intoxication, anaesthesia, exanthematous and other acute and chronic diseases, overcrowding and unhygienic living, all may be said to lower the individual resistance to various infections.

The haemolytic and other amboceptors in venoms have a strong affinity for complement, the withdrawal of which leaves the body open to certain forms of bacterial invasion.

Complements and opsonins (extracellular proteins bound to substances or cells) are neutralized readily by a variety of ions and other substances, such as lactic acid, nucleinic acid, bacterial disintegration products, and proteins and organ extracts have been found to neutralize complements so that it is not difficult to understand how the defences of the body may become weakened.

There are various kinds of leukocytic poisons, also, that may interfere with phagocytosis; but, as yet, the finer analysis of the reduction in general resistance is only in its very beginning.

Various gross conditions may influence the course of infections.

We know that experimental infections run the quicker course the greater the number, the more virulent the

bacteria introduced, and also as a rule the more directly the bacteria enter the circulation or the large cavities.

In this case the natural resistance is so to speak overwhelmed.

Hemorrhagic infiltrations, clots, crushed tissue at the point of entrance, favour the development of severe tetanus, pneumococcus, and streptococcus infections, because the germs here have favourable opportunities for growth and increase of virulence.

The great influence o the anatomical location of the point of entrance is shown particularly well by streptococcus infections: in the dense and tense connective tissue of the finger it causes a local inflammation in the subcutaneous tissue, phlegmons; in the lymph vessels of the skin, erysipelas; in the peritoneum, peritonitis; in the blood, bacteraemia, - conditions that differ greatly in their course though caused by the same microbe.

> ***In the establishment, progress, and nature of an infectious disease much always depends upon the property of the microbe concerned, which we call virulence.***
>
> ***Generally we understand by virulence the degree of pathogenic power of which an infectious organism is capable or possessed.***
>
> ***Close analysis reveals that virulence in this sense depends on various properties.***
>
> ***It is not necessarily synonymous with invasiveness, because toxicogenic bacteria in the strict sense (B. diphtheriae, B. tetani) possess great toxic power and relatively slight or no invasiveness.***

> ***In these bacteria virulence depends more on toxicity, - i.e., the production of diffusible, absorbable toxins, - and the body responds by the formation of antitoxins, whereas the production of antibacterial substances is relatively insignificant.***

In bacteria in which the disease-producing substances are assumed to be locked up in the cells and set free only as the latter reach the tissues of the body, virulence is necessarily connected with a greater degree of invasiveness.

Virulence may be reduced artificially by a number of different methods; e.g., exposure to sunlight, or the addition of chemicals.

As yet we possess no general method for determining the degree of virulence of a given pathogenic bacterium for human beings." - Sir William Osler, MD, considered the father of Modern Medicine, in "Microbic Associations; Mixed and Secondary Infections", Modern Medicine", Vol.II, 1907.

The Animal to Human Transmission Farce

"High virulence for animals is generally regarded as indicating virulence for man; but Koch and Petruschky found that streptococci of high virulence for rabbits did not cause erysipelas in man, and animal-virulent streptococci occur in normal throats.

The highly virulent bacilli of bovine tuberculosis, so far as we know, seem to have little power of invasiveness in the case of human beings.

In practically all pathogenic bacteria, virulence is a variable quantity change able at the will of the experimenter.

As a general rule bacteria are most virulent when taken directly from the animal, and lose virulence, some more rapidly than others, the invasive more rapidly than the toxicogenic, when cultivated on artificial media and removed from "stimulation" by substances from the host.

Those media best conserve virulence of certain invasive bacteria that approach closest in comparison to the natural fluids of the body (blood agar, blood serum).

Deutsch assumes the existence of substances toxic to leukocytes in order to explain bacterial virulence; so far the substances of this kind demonstrated are the leukocidin of staphylococci, of B. suisepticus (Van der Velde), and the leukotoxic substances elaborated by virulent streptococci.

Virulence on the part of invasive bacteria means more, however, than increased resistance to bacteriolysis and phagocytosis, because this property alone does not explain wholly the increasing pathogenicity of increasing virulence.

The most comprehensive conception of bacterial virulence is given us in Welch's theory of bacteriogenic poisons.

This is an application to pathogenic organisms of Ehrlich's theory of the origin of antibodies in the host:

> ***"I see no reason why suitable substances derived from the host may not stimulate parasitic organisms, through a physiological mechanism similar to that operative in cytolytic (bacteriolytic) immunity, to the production of intermediary bodies (amboceptors), which, if provided with requisite affinities, have the power to link complements to cellular constituents of the host, and thereby poison the latter."***

In other words, why should not constituents from the infected body act upon microbes in the same general way as bacterial constituents act on the cells of the body, and thus set free from the bacteria various poisons for the cells of the body (bacteriogenic antibodies)?

This theory, explains the well-marked toxic capacities in the infected body, with its wide range of stimulation, of many bacteria that in artificial cultures give little indication of poison-producing powers and quickly lose their virulence.

In view of the fact that microbic virulence rises on experimental passage through a series of more or less resistant animals, the question arises:

1. Why does virulence remain at a comparatively low level in nature?

2. Why are the mortality rates of infectious diseases falling rather than rising?" - Sir William Osler, MD, considered the father of Modern Medicine, in "Microbic Associations; Mixed and Secondary Infections", Modern Medicine", Vol.II, 1907.

> ***"The party told you to reject the evidence of your eyes and ears.*** *It was their final, most essential command." - George Orwell, in "1984".*

The Toxicity of Bacteria

"It has generally been supposed that pathogenic bacteria produce their evil effects by means of 2 classes of poisons-one the so-called Exotoxins, analogous in some measure to the excretions or secretions of higher organisms, and the other the Endotoxins, usually regarded as existing within the bodies of the bacteria and liberated only by their death." - in "The Toxicity of Bacteria", The Lancet, 3 January 1914.

Bacteriogenic Poisons

"A quarter of a century ago the now generally maintained **distinction between endogenous and exogenous sources of uric acid was developed.**

On a diet free from nucleoproteins and purines, as well as in starvation, the elimination of uric acid and other purine bases does not cease.

Realizing the often extensive growth and subsequent destruction of micro-organisms in the alimentary tract, investigators examined the possibilities of purine and even uric acid synthesis by certain bacteria commonly parasitic in man.

The results were positive for such organisms as Bacillus fecalis-alkaligenes, Bacillus enteritidis and Bacillus paratyphosus B.

Not all species, however, produced uric acid when grown on a purine-free medium.

McDonald and Levine regard the demonstration of such heretofore unrecognized bacteriogenous factors as having an important bearing on the normal and pathologic variations in the uric acid of, human blood.

If the uric acid produced by bacteria is, like indican, absorbed unchanged from the bowel or from any other anatomic region, they suggest, it would tend to add to the content of the blood uric acid of endogenous and of exogenous origin.

Bacteriogenous purine production in explanation of the hyperuricemia said to occur sometimes in intestinal obstruction. It may also account in part for the hyperuricemia that occurs in various infections.

The high blood uric acid in such conditions as nephritis, may perhaps be explained adequately on the basis of retention; but the hyperuricemia that accompanies such infections as pneumonia and non-gouty arthritis may not all result from accelerated metabolism, but may arise in part from bacteriogenous purines." - in "Bacteriogenous Uric Acid", JAMA, 22 January 1927.

All Disease Begins in the Leaky Gut

"Inappropriate increase in intestinal permeability (which may be influenced by the composition of the gut microbiota), a "hyper-belligerent" immune system responsible for the tolerance–immune response balance, and the composition of gut microbiome and its epigenetic influence on the host genomic expression have been identified as three additional elements in causing Chronic Inflammatory Diseases (CIDs).

During the past decade, a growing number of publications have focused on human genetics, the gut microbiome, and proteomics, suggesting that loss of mucosal barrier function, particularly in the gastrointestinal tract, may substantially affect antigen trafficking, ultimately influencing the close bidirectional interaction between gut microbiome and our immune system.

This cross-talk is highly influential in shaping the host gut immune system function and ultimately shifting genetic predisposition to clinical outcome.

This observation led to a re-visitation of the possible causes of CIDs epidemics, suggesting a key pathogenic role of gut permeability.

Pre-clinical and clinical studies have shown that the zonulin family, a group of proteins modulating gut permeability, is implicated in a variety of CIDs, including autoimmune, infective, metabolic, and tumoral diseases.

What we learned when the Human Genome Project was completed is that we are genetically much more rudimentary than we had previously thought.

The premise of "one gene, one protein, one disease" cannot explain the complexity of the balance between health and disease and, most definitively, the CIDs epidemics.

Twenty-three thousand (23,000) genes are insufficient to explain all the permutations of human pathophysiology, including if and when and why we develop diseases.

Rather, it is the interplay between us as individuals and the environment in which we live that dictates our clinical destiny.

This interplay is physically and mechanistically regulated by biological interfaces that divide our body from the surrounding environment.

At about 8 to 9 meters in length, the human intestine provides the largest interface between our body and the outside world.

Tightly packed single layers of epithelial cells cover the external surfaces of our intestinal mucosa and negotiate the interaction with the surrounding environment.

Although this enormous mucosal interface (200 m2) is not apparently visible, it plays a pivotal role through its dynamic interactions with a variety of factors coming from our surrounding environment, including microorganisms, nutrients, pollutants, and other materials." - Dr Alessio Fasano, MD, Pediatric Gastroenterologist; Professor of Pediatrics, Harvard Medical School, Professor of Nutrition, Harvard T.H. Chan School of Public Health; Director Center for Celiac Research and Treatment at MassGeneral Hospital for Children, Co-Director Harvard Medical School Celiac Research Program; Director Mucosal Immunology and Biology Research Center at MGHfC, where he oversees a research program with approximately 50 scientists and staff researching a variety of acute and chronic inflammatory diseases, including cystic fibrosis, celiac disease, enteric infections and necrotizing enterocolitis. A common theme of these programs is the study of the emerging role of the gut microbiome in health and disease. Scientific Director European Biomedical Research Institute of Salerno, Italy, in "**All disease begins in the (leaky) gut**: role of zonulin-mediated gut permeability in the pathogenesis of some chronic inflammatory diseases", 31 January 2020.

*“**Two of the biggest drivers of the population's dire health, those corporate interests that mislead for profit: Big Food, and Bad Pharma,** has resulted in a healthcare system that can no longer cope with the strain.” - Dr Aseem Malhotra, MD, Consultant Cardiologist, in “The Sunday Times”, 29 May 2022.*

*“**Irritable Bowel Syndrome (IBS) affects almost 50 Million Americans, or almost 1 in every 6 people. You probably know if you have IBS, with its numerous symptoms including bloating or gas, distention, constipation, diarrhea, cramping, 40% of all visits to internists are for “functional bowel” disorders, such as IBS, and the cost for treating these types of digestive disorders is $107 Billion a year.”** - Dr Mark Hyman, MD, in “This Gut Condition Affects 1 in 6 People, And is Entirely Treatable”, 9 April 2015.*

The Gut Microbiome

“The Gut Microbiome plays an important role in human health and influences the development of Chronic Diseases ranging from Metabolic Disease to Gastrointestinal Disorders, and Colorectal Cancer.

Microbiota composition and relative populations of bacterial species are linked to physiologic health along different axes.

Elevated levels of interleukin 6, a pro-inflammatory peptide cytokine, and plasma levels of lipopolysaccharide (LPS) endotoxin, a marker of gram-negative bacterial translocation, were found to be elevated in a subpopulation of IBS-D patients with Small Intestinal Permeability, analogous to that observed in Celiac Disease.

Psychological Stress can exacerbate the inflammatory condition by allowing translocation of harmful bacterial products across the intestinal epithelium.

Known as "leaky gut", a compromised epithelial barrier allows toxins and antigens in the GI lumen to enter the bloodstream.

A healthy gut flora is important in maintaining the intestinal barrier.

Oral administration of high dose antibiotics can result in rapid changes to gut microbiota and is implicated in dysbiosis.

Over-the-counter and prescription non-antibiotic medicines also influence the gut microbiome.

Proton pump inhibitors (PPIs) are a widely used class of drugs. Meta-analyses have shown that PPI use increases the risk of developing SIBO and C. difficile infection.

Antibiotics, PPIs, and atypical antipsychotics have each been implicated in reducing alpha microbial diversity.

Second-generation antipsychotic medications, which contribute to weight gain and metabolic syndrome, gradually increase the ratio of Firmicutes to Bacteroidetes in association with body mass index and decrease the abundance of Akkermansia.

Opioids can cause severe constipation and at high doses in mice enable bacterial translocation through disruption of the gut barrier.

Changes in microbiota have been implicated in the creation of Intestinal Lesions by nonsteroidal anti-inflammatory drugs, which reduce blood flow to the gut, and weaken the hydrophobic mucosal barrier.

Gastrointestinal (GI) symptoms are a common side effect of statins, which affect bile acid metabolism, and have been shown to increase the abundance of 5 bacterial families including Enterobacteriaceae.

By influencing metabolism and inflammation, diet and nutrition can outweigh genetic and environmental factors, in determining health outcomes for chronic Western conditions such as:

Diabetes, Obesity, IBS, IBD, Colorectal Cancer, and Depression." - in "Gut Microbiome: Profound Implications for Diet and Disease", Nutrients, 16 July 2019.

Digestive Diseases Statistics for the United States

All Digestive Diseases

"Prevalence: 60 to 70 Million people affected by all Digestive Diseases;

Ambulatory care visits: 48.3 Million (2010)

Primary diagnosis at office visits: 36.6 Million (2010)

Primary diagnosis at emergency department visits: 7.9 Million (2010)

Primary diagnosis at outpatient department visits: 3.8 Million (2010)

Hospitalizations: 21.7 Million (2010)

Mortality: 245,921 deaths (2009)

Diagnostic and therapeutic inpatient procedures: 5.4 Million 12% of all inpatient procedures (2007)

Ambulatory surgical procedures: 20.4 Million; 20% of all "write-in" surgical procedures (2010)

Costs: $141.8 Billion (2004)

$97.8 Billion, direct medical costs (2004)

$44 Billion, indirect costs; for example, disability and mortality (2004)

Specific Diseases

Abdominal Wall Hernia

Ambulatory care visits: 3.6 Million (2009)

Surgical procedures: 526,000 (2006) (inguinal hernia only)

Hospitalizations: 380,000 (2010)

Mortality: 1,322 deaths (2010)

Prescriptions: 3.7 Million (2004)

Chronic Constipation

Prevalence: 63 Million people (2000)
Ambulatory care visits: 4.0 Million (2009)
Hospitalizations: 1.1 Million (2010)
Mortality: 132 deaths (2010)
Prescriptions: 5.3 Million (2004)

Diverticular Disease

Prevalence: 2.2 Million people (1998)
Ambulatory care visits: 2.7 Million (2009)
Hospitalizations: 814,000 (2010)
Mortality: 2,889 deaths (2010)
Prescriptions: 2.8 Million (2004)

Gastroesophageal Reflux Disease

Prevalence: Reflux symptoms at least weekly: 20% of the population (2004)
Ambulatory care visits: 8.9 Million (2009)
Hospitalizations: 4.7 Million (2010)
Mortality: 1,653 deaths (2010)
Prescriptions: 64.6 Million (2004)

Gastrointestinal Infections

Prevalence:
Nonfoodborne gastroenteritis: 135 Million people (1998);
Foodborne illness: 76 Million people (1998)
Ambulatory care visits: 2.3 Million (2004)
Hospitalizations: 487,000 (2010)
Mortality: 11,022 deaths (2011)
Prescriptions: 938,000 (2004)

Hemorrhoids

Prevalence: 75% of people older than 45 (2006)
Ambulatory care visits: 1.1 Million (2009)
Hospitalizations: 266,000 (2010)
Mortality: 20 deaths (2010)
Prescriptions: 2 Million (2004)

Inflammatory Bowel Disease

Ambulatory care visits: 1.9 Million (2009)

Crohn's Disease

Prevalence: 359,000 people (1998)
Ambulatory care visits: 1.1 Million (2004)
Hospitalizations: 187,000 (2010)
Mortality: 611 deaths (2010)
Prescriptions: 1.8 Million (2004)

Ulcerative Colitis

Prevalence: 619,000 people (1998)
Ambulatory care visits: 716,000 (2004)
Hospitalizations: 107,000 (2010)
Mortality: 305 deaths (2010)
Prescriptions: 2.1 Million (2004)

Irritable Bowel Syndrome

Prevalence: 15.3 Million people (1998)
Ambulatory care visits: 1.6 Million (2009)
Hospitalizations: 280,000 (2010)
Mortality: 21 deaths (2010)
Prescriptions: 5.9 million (2004)

Liver Disease

Prevalence: 3.0 Million people (2011)
Ambulatory care visits: 635,000 (2009) (cirrhosis only)
Procedures: 6,342 (2011) (liver transplants)
Hospitalizations: 1.2 Million (2010)
Mortality: 42,923 deaths (2010)
Prescriptions: 731,000 (2004)

Pancreatitis

Prevalence: 1.1 Million people (1998)
Incidence: Acute: 17 cases per 100,000 people (2003); chronic: 8.2 cases per 100,000 people (1981)
Ambulatory care visits: 881,000 (2004)
Hospitalizations: 553,000 (2010)
Mortality: 3,413 deaths (2010)
Prescriptions: 766,000 (2004)

Peptic Ulcer Disease

Prevalence: 15.5 Million people (2011)
Ambulatory care visits: 669,000 (2006–2007)
Hospitalizations: 358,000 (2010)
Mortality: 2,981 deaths (2011)
Prescriptions: 5 Million (2004)

- in "Digestive Diseases Statistics for the United States", National Institute of Diabetes and Digestive and Kidney Diseases, NIH, 13 November 2014.

Unchallengeable Assertion

"It's a bad idea to have anything that can't be challenged, and the trouble is, **all of us Scientists; are Government Employees**, even if we're working for Private Universities, **all Research is supported by the Government**.

As such, **we're very sensitive to what politicians say, and believe**, that's a shortcoming.

You have to figure out how to fund Science, in a way that there are **no incentives to artificially promoting things.**

When you hear for instance a Scientist saying:

"The Science is Settled",

you know that person has stepped out of the science, that registers with ordinary people.

And whenever you see someone say, you know, **instead of answering arguments:**

"How could so many people agree, if it weren't true",

it should be a red flag." - Professor Richard Lindzen, Massachusetts Institute of Technology, in "The Boston Globe", 14 May 2010.

"One of the saddest lessons of history is this:

If we've been bamboozled long enough we tend to reject any evidence of the bamboozle.
We're no longer interested in finding out the truth.
The bamboozle has captured us.
It is simply too painful to acknowledge, even to ourselves, that we've been taken.
Once you give a charlatan power over you, you almost never get it back.

Better the hard truth, I say, than the comforting fantasy. And in the final tolling it often turns out that the facts are more comforting than the fantasy." *- Carl Sagan, in his last interview with Charlie Rose on 27 May 1996.*

The Beginning of A Lie

The First Paper Claiming the Existence of a "New Virus" AKA "COVID-19"

"A recent cluster of Pneumonia cases in Wuhan, China, was caused by a novel betacoronavirus, the 2019 novel coronavirus (2019-nCoV).

By **2 January 2020,** 41 admitted hospital **patients had been identified as having laboratory-confirmed 2019-nCoV infection.**

All patients with suspected 2019-nCoV **were admitted to a designated hospital in Wuhan.**

We prospectively collected and analysed data on patients **with laboratory-confirmed 2019-nCoV infection by real-time RT-PCR and next-generation sequencing."** - in "Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China", Lancet, **24 January 2020.**

Article Funding:

1. Ministry of Science and Technology.
2. Chinese Academy of Medical Sciences.
3. National Natural Science Foundation of China
4. Beijing Municipal Science and Technology Commission.

How can they find a new virus by RT-PCR?

In less than a month (in just 20 days) the Chinese "Virologists" had already given a name to the new "virus"!

The Clown World of Virology!

To Jump to Conclusions From A Clinical Case to the Use of A Single Organism as the Cure of Them All Puts Just Opprobrium on It

"To jump to conclusions from a clinical case to the use of a single organism as the cure of them all puts just opprobrium on it, for such hit or miss medicine makes for commercialism, and inhibits the attention and work of the best workers in medicine. This slipshod therapy is the cause of advertising and lay institutions engaging in it." *- Dr Anthony Bassler, MD, in "A new method of treatment for chronic intestinal putrefactions by means of rectal instillations of autogenous bacteria and strains of human Bacillus coli communis". Med. Record, 1910.*

The Delta Plus COVID Variant Farce

"The first case of the so-called **Delta Plus variant** has been detected in Israel, according to a report on Wednesday.

The Delta Plus strain has an extra mutation from the Delta variant, the significance of which is still unclear.

The new strain was found in a vaccinated woman who entered Israel from abroad.

A man who came in contact with the woman in Israel has since contracted COVID-19 and **genetic sequencing is being performed to check whether he is also carrying the Delta Plus strain."** - in "First case of Delta Plus COVID variant found in Israel — report", The Times of Israel, 7 July 2021.

Ectocarpus Siliculosus Virus

"Ectocarpus siliculosus Virus (EsV-1) is the founding member of a new genus of marine viruses, the phaeoviruses.

The Ectocarpus siliculosus Virus-1, EsV-1, is the type-species of a genus of Phycodnaviridae, the phaeoviruses, infecting marine filamentous brown algae.

The EsV-1 genome of 335,593 bp contains tandem and dispersed repetitive elements in addition to a large number of open reading frames of which 231 are currently counted as genes.

Many genes can be assigned to functional groups involved in DNA synthesis, DNA integration, transposition, and polysaccharide metabolism.

Furthermore, EsV-1 contains components of a surprisingly complex signal transduction system with 6 different hybrid histidine protein kinases and four putative serine/threonine protein kinases.

Several other genes encode polypeptides with protein±protein interaction domains.

However, 50% of the predicted genes have no counterparts in data banks.

Only 28 of the 231 identified genes have significant sequence similarities to genes of the Chlorella virus PBCV-1, another phycodnavirus.

To our knowledge, **the EsV-1 genome is the largest viral DNA sequenced to date.**

Lanka et al. (1993) first showed that the viral genome is a large DNA molecule.

Using pulsed-field agarose gel electrophoresis, they detected the extracted virus DNA in three fractions: a wide spectrum of DNA fragments in a size range of 10±60 kb; a prominent band of linear DNA of about 330 kb in length; and a second prominent DNA band that remained close to the origin of the gel.

Electron microscopy and restriction fragment analyses established that a major portion of EsV-1-DNA occurs in the form of an extended circle which does not enter the agarose gel during pulsedfield electrophoresis.

The authors concluded that the natural form of the viral genome is a double-stranded DNA circle that tends to break, giving rise to full-length linear DNA forms as well as DNA fragments.

Genomic sequencing of EsV-1 High molecular EsV-1 DNA was prepared from virus particles embedded in agarose as previously described **(Lanka et al., 1993**; Klein et al., 1995)." - in "The Complete DNA Sequence of the Ectocarpus siliculosus Virus EsV-1 Genome", Virology 2001.

"Ectocarpus siliculosus virus-1 (EsV-1) is a lysogenic dsDNA virus belonging to the super family of nucleocytoplasmic large DNA viruses (NCLDV) that infect Ectocarpus siliculosus, a marine filamentous brown alga. Previous studies indicated that the viral genome is integrated into the host DNA. In order to find the integration sites of the viral genome, a genomic library from EsV-1-infected algae was screened using labelled EsV-1 DNA. Several fragments were isolated and some of them were sequenced and analyzed in detail." *- in* ***"The genome of the brown alga Ectocarpus siliculosus contains a series of viral DNA pieces, suggesting an ancient association with large dsDNA viruses",*** *BMC Evolutionary Biology, 12 April 2008.*

What If Viruses Don't Exist?

A Petition to: Dr James Reilly MD, Minister for Health Ireland
Dr Bill Hall, MD, Director of National Virus Reference Laboratory

"What if these pathogenic viruses do not exist?

What if no scientist has ever purified or isolated these alleged pathogenic viruses from the host cells?

During his undergraduate years at university, Dr Stefan Lanka came across a virus that had 'infected' a sea algae.

The virus didn't make the sea-algae sick.

In fact the virus helped the sea algae to bloom and thrive, which was quite the opposite of what he had expected.

He was really excited, because he had discovered what he thought was the first stable "virus-host" relationship.

The virus did not threaten the host, but was welcomed by the sea algae, and both co-existed harmoniously or endo-symbiotically.

In order to prove the existence of this virus, he isolated, biochemically characterized and photographed it.

The photograph was taken by an electron microscope, and the biochemical characterisation was carried out using techniques invented in the 1970's.

By 1994, he had achieved this and had obtained his doctorate.

The virus Dr Stefan Lanka discovered is called the Ectocarpus siliculosus virus.

This virus is not pathogenic and enables the sea algae to thrive because of it, and not despite it.

The diameter of this virus is approximately 120nm (nm - nano-meter - one billionth of a meter).

Dr Lanka was asked about pathogenic viruses such as HIV, and did some research. He examined the scientific literature and discovered there was absolutely no evidence for the existence of any pathogenic virus deemed dangerous by the scientists and MD's, such as the:

Mumps,
Measles,
Rubella, and
Swine-flu Viruses.

And against which our children are vaccinated.

Now, if pathogenic viruses exist, it should be possible to isolate them and measure their respective diameters.

This question is directed to Professor Bill Hall Director of the National Virus Reference Laboratory, who is the most eminent expert in Ireland on pathogenic viruses:

1. Please tell me the diameter of all known pathogenic viruses, and how you isolated, and measured them?

I urge the Minister of Health Dr James Reilly, MD, to request Dr Bill Hall, MD to answer this question." - James McCumiskey, Wexford, Ireland, in "'Pathogenic' viruses do not exist", Change.org, 2011.

> ***"I already had a somewhat critical attitude when I started studying molecular genetics, so I went to the library to look up the literature on HIV. To my big surprise, I found that when they are speaking about HIV they are not speaking about a virus. They are speaking about cellular characteristics and activities of cells under very special conditions.***
> *I was so deeply shocked.*
> ***So, for a long time I studied virology*** *from the end to the beginning, from the beginning to the end,* ***to be absolutely sure that there was no such thing as HIV.***
> *And it was easy for me to be sure about this, because* ***I realized that the whole group of viruses to which HIV is said to belong, the Retroviruses, as well as other viruses which are claimed to be very dangerous, in fact do not exist at all."*** *- Dr Stefan Lanka, in "Zenger's Magazine", San Diego, October 1998.*

Sometimes People Don't Want To Hear The Truth Because They Don't Want Their Illusions Destroyed

"For the historical audit brings so much to light which is false and absurd, that the condition of pious illusion falls to pieces."
- Nietzsche, Friedrich, in "Vom Nutzen und Nachtheil der Historie für das Leben", 1874.

Why Do People Believe Things That Aren't True

"As human beings, false belief is our birthright.

It stands from fundamental principles that govern the way our minds work and the way we store knowledge.

Consider how common it is for groups of people to believe things that just aren't true.

Right now, in this moment, it feels like **we're in the midst of an epidemic.**

The explosion of fake news, shows how easy it is to dupe people on the left and the right, and **science denial** has gone mainstream.

Significant proportions of the population maintain beliefs counter to the scientific consensus on critical issues like vaccination, global warming and the safety of genetically modified foods.

Public attitudes about these issues literally determine whether we can feed ourselves, **whether we can raise healthy children** and whether we can forestall a climate disaster.

The stakes could not be higher.

If we really want to improve the way we grapple with these challenges, we have to go deeper, we have to understand what it is about the way we think that makes us so susceptible to believing things that aren't true.

And that explanation actually begins with a kind of shocking observation.

As individuals, we do not know enough to justify almost anything we believe." - Philip Fernbach, Professor of marketing, University of Colorado, external **advisory board member for McKinsey & Company**, in "Why do we believe things that aren't true?", TEDxMileHigh, 13 September 2017.

Chapter 11

The Biggest Medical Trade Lie: The Virus Tale

"The assimilation of lying to other forms of intentional deception makes sense only if one is adopting a utilitarian approach to the issue of truth-telling. Otherwise not." *- in "Telling the truth", Journal of Medical Ethics 1991.*

"The lie became truth." *- George Orwell, in "1984".*

"How easy it is to make people believe a lie , and how hard it is to undo that work again!" *- Mark Twain, in "The North American Review", 4 January 1907.*

"I don't believe in virology. It is not a science - it's faith in a series of interpretations." *- Dr Remnant MD, 13 May 2022.*

"There is potentially no such thing as the coronavirus. It's not possible to prove that any given pathogen has induced death, in the clinical setting. *So this this term this phrase "du jour", is just being put on these deaths that are likely being accelerated by the the fear itself. And I'm sure you understand that; The role of fear in all this.* ***I personally don't believe in germ-based contagion, I haven't for some time, and that was kind of liberated from that concept, I just don't believe it any more, and because I don't believe it has no fertile soil for me****, so if my kids have a runny nose I am just as likely to drink from their glass as I would otherwise, it's not a conceptual framework that I operate within. So I certainly know that what others believe influences their reality directly, and so could this, could and be a reality for others? Absolutely. It's not for me and one of the*

> *reasons is because* ***I've come not only through my understanding of the Microbiome****, and the appreciation that there are literally* ***Multi Trillions of Microorganisms in and around me at any given time, and to single one out, and villainize it, to me is just honestly silly, from a Biological perspective, let alone a an Ontological or Philosophical perspective."*** *- Dr Kelly Brogan, MD, 24 March 2020.*

"The whole AIDS construct is built on 3 Tests:

1. **Antibody Tests (the alliance from western blot).**
2. **T cell counts.**
3. **PCR viral loads.**

So when I registered for a doctorate in Social Sciences to look at people's experiences of testing, it was those 3 Tests that were the structure for my dissertation, my thesis, and I had to look at the tests. I tested people, giving people results, and I started looking at the tests, and there was like an "Epiphany Day", when I was looking at how they ran the antibody test, the Enzyme-linked immunosorbent assay (ELISA) Test. I remember looking at this Test run it came through, and the technician said:

> *"All these positive results, and all these negative results, we Test all our cancer patients for HIV and the positives then, the consultant Pathologist is going to come down, and he's got to sign these off."*

And I said, well you know that these ones are positives that get a positive diagnosis, and she said: "No Kevin that's not actually how it works, because I don't convert as a technician, I don't convert a negative or a plus into a diagnosis, I can't make the diagnosis", and I said, why not?

"Well because I don't see the forms that come through the requests, I don't see the risk profile of the patient".

And I said: What do you mean by risk profile?

"We need the medical consultant to make a diagnosis from a plus or a minus, it's only a light, it's only an optical density reading they need to know the exposures of that patient, the previous exposures of the donor".

I said, what do you mean the expression?

"Whether they're gay, bisexual, whether they're drug users or the epidemiological risk groups that people come from, black African".

And I said so that reading can't be translated automatically into diagnosis?… interesting, so **a variable that you measure has to be socially interpreted.**

By 2020 we'd had all that experience with HIV, had an Academic career, I knew about the PCR from the 1990's, I knew that it was a diagnostic, and **they were creating this new disease using the PCR**, so what I initially did was, I looked at this, I read a lot about SARS-COV-2, how they thought they'd isolated it, and I approached Professor Maria Zambon, Deputy Director of National Infection Service, who's a professor of Virology at the Imperial College London.

We had this group advising Boris Johnson called the SAGE group of scientists, nobody knew who SAGE scientists were until the Guardian newspaper published a list of them in April 2020. So I thought well how can they be using PCR to diagnose, this it's not a diagnostic test it's just a methodology basically that's totally flawed. I found out that **Professor Maria Zambon Professor Virology was on SAGE, she was also in charge of Boris Johnson's Covid Testing across the UK**, so **she's the lead scientist for what was called Public Health England**, I frame a set of questions by email to Maria Zambon, asking:

1. **Have you isolated it?**
2. **Where's the Gold Standard for this?**

And back came answered some of my questions she did answer it.

So it's obvious from our answers there wasn't any Gold Standard, and no Field Work Material, that's what she said:

"No Field Work Material", and I was thinking "Field Work Material"?

Does she mean there's no blood from patients?

That was May 2020, then I found the Eurosurveillance paper that Corman and Drosten had wrote (Detection of 2019 novel coronavirus (2019-nCoV) by real-time RT-PCR), and that paper had 24 authors, and one of the authors was Maria Zambon.

> *"**In the present case of 2019-nCoV, virus isolates or samples from infected patients have so far not become available** to the international public health community. We report here on the establishment and validation of a diagnostic workflow for 2019-nCoV screening and specific confirmation, **designed in absence of available virus isolates or original patient specimens.**"*

So, in that paper by Corman, Drosten and Zambon was the statement that they had no live virus from the blood of patients.

It actually acknowledged that they hadn't used the blood of Covid patients to develop that Test.

They'd used an in silico model sequence.

After I've been emailing Zambon, found no gold standard.

They're using the PCR as its own own "gold standard" **basically, so how can they confirm those diagnoses.**

Then **by May 2020, I thought this is all wrong, this is absolutely, it's like HIV but it's on a bigger scale.**

One of the documents that Zambon sent me, said that **the WHO advised countries not to isolate the virus to develop a test, again it's just like HIV.**

You've got this hypothetical construct that exists in some sort of algorithmic form, computer form, that's not actually based on virological work." - Dr Kevin Corbett, RN in "We're Falsifying The Hypothesis", 13 April 2022.

"In the publication entitled "Detection of 2019 novel coronavirus (2019-nCoV) by real-time RT-PCR" (Eurosurveillance 25(8) 2020) the authors present a diagnostic workflow and RT-qPCR protocol for detection and diagnostics of 2019-nCoV, **which they claim** to be validated, as well as being a robust diagnostic methodology for use in public-health laboratory settings. In light of all the consequences resulting from this very publication for societies worldwide, a group of independent researchers performed a point-by-point review of the aforesaid publication in which: 1) all components of the presented test design were cross checked; 2) the RT-qPCR protocol-recommendations were assessed w.r.t. good laboratory practice; and 3) parameters examined against relevant scientific literature covering the field. The published **RT-qPCR protocol for detection and diagnostics of 2019-nCoV,** and the manuscript **suffer from numerous technical and scientific errors, including insufficient primer design, a problematic and insufficient RT-qPCR protocol, and the absence of an accurate test validation. Neither the presented test nor the manuscript itself fulfils the requirements for an acceptable scientific publication.**

Serious conflicts of interest of the authors are not mentioned. The very short timescale between submission and acceptance of the publication (24 hours) signifies that a systematic peer review process was either not performed, or of poor quality. We provide compelling evidence of several scientific inadequacies, errors and flaws.

Considering the scientific and methodological blemishes presented here, we are confident that the editorial board of Eurosurveillance has to retract the publication." - Pieter Borger, Bobby Malhotra, Michael Yeadon, Clare Craig, Kevin McKernan, Klaus Steger, Paul McSheehy, Lidiya Angelova, Fabio Franchi, Thomas Binder, Henrik Ullrich, Makoto Ohashi, Stefano Scoglio, Marjolein Doesburg-van Kleffens, Dorothea Gilbert, Rainer Klement, Ruth Schruefer, Berber Pieksma, Jan Bonte, Bruno Dalle Carbonare, Kevin Corbett, Ulrike Kämmerer, in "Review report Corman-Drosten et al. Eurosurveillance 2020", 27 November 2020.

The Idea of a Virus Causing Disease Was Purposely Spread as a Disinformation Strategy and Now Everybody Believes in it

"West Nile Virus is not the only virus to never have been truly isolated. HIV, the virus believed to cause AIDS, also does not exist.

This is explained in detail at www.virusmyth.com, neither does anything called a virus in reality exist.

Bacteria and fungi present in diseased states do exist, but viruses that cause disease do not exist.

The claim that there are viruses that cause disease is a fairy tale, like the Tooth Fairy and Santa Clause.

To "isolate" West Nile Virus (WNV), scientists begin by pulverizing believed-to-be "infected" mosquitoes and "infected" crows brains.

Then this material is run through a high speed centrifuge, and filtered through a filter whose pores are 6 times larger than what the size of the virus could be - so anything could, in addition to the purported virus, be left in this mixture.

If this mixture of all kinds of stuff is placed in a petri dish and kills cells - which it did - then it is assumed that the cell death was caused by the dreaded West Nile Virus.

Don't mind that **there's a bunch of other stuff in the mixture and no virus, the virus is still blamed for causing the cell death.**

"Scientists" then take this same material and look for RNA sequences. When they find a sequence, they claim to have mapped out the virus. These crude experiments proof of a virus. But it is also very serious, because it is this bogus science that the Medical Trade wants you to believe in. Single exposures to Pesticides (like those used in fogging) can trigger Chronic Fatigue, Allergies, and a Loss of Libido.

Long-term exposure to Pesticides can cause Birth Defects, Infertility, Genetic Damage, Cancer and many other health problems.

Of course the report also outlines safe and sane approaches to controlling mosquitoes - which don't carry viruses anyways - without exposing humans to known-to-be-dangerous chemicals.

When there are safe and natural methods for controlling mosquitoes, why expose people to dangerous chemicals?

The real danger involved in WNV is not the faux virus; it's all the chemicals we are exposed to. For example, DEET causes neurological illness very similar to the disease claimed to be WNV, especially in children.

And vector control agencies usually encourage the use of it (www.pesticide.org/DEET.pdf).

It is quite possible that many supposed cases of WNV are actually poisoning from the DEET.

More Mosquitoes = Less West Nile Virus

Those areas where there are clusters of dead birds found are not areas that are dense in mosquito populations." - Ramiel Nagel, in "There Is No Such Thing as the West Nile Virus", Natural News, 9 November 2008.

> ***"We'll know our disinformation program is complete when everything the American public believes is false."*** *- William Casey, CIA Director, 1981.*

> ***"The story of the political triumph of an idea that was clearly contradicted by the science has been told numerous times." -*** *Professor Richard David Feinman, in "The World Turned Upside Down", 2014.*

West Nile Virus:
Up the Nile Without a Virus

"2002 was the year West Nile Virus (WNV) fever hit Canada, after 3 years of spreading reports of illness and death in humans and birds in the United States.

Mosquitoes are believed to be the main carrier of the disease.

Consequently, most debate has been over whether aerial spraying is justified but little discussion of **the evidence that West Nile Virus is the cause of the disease, and virtually none on whether it has been proven to exist.**

Questioning the existence of a virus usually elicits a response similar to an adult declaring a belief in the Tooth Fairy.

Yet, we believe in WNV because we are told by the media, who were told by Canadian public health officials, who were told by the US Centers for Disease Control (CDC), who were told by virologists that the virus exists and is the cause of an associated encephalitis (brain inflammation brain).

Few have critically examined the published scientific evidence.

Those who do will find a less than convincing story.

Proving the existence of a virus requires purification from humans or animals believed to be infected (and absence in the uninfected).

West Nile virologists often report "isolation", but only by completely debasing this word compared to its normal meaning (e.g. "To place or set apart or alone" – OED).

John Anderson and colleagues, in a 1999 paper in the prestigious journal Science, made this claim, but the process described was to grind up whole mosquitoes or samples of a crow brain, pass the material through a filter with pores much larger than virus particles, centrifuge, then add this impure material, along with stimulating chemicals to a cell culture.

"Isolation" of WNV was the detection of "cytopathologic effects" (cell death), antibodies or particles of the expected size within this artificial system.

This was obviously not equivalent to purification. According to Anderson **"viruses can only be isolated in cells", which is to say that viruses (according to him) cannot be purified,** and any evidence that can possibly be interpreted as the footprints of a virus is accepted as proof of the presence of the virus. [Anderson, 1999]

Most virologists are happy to accept detection of non-specific phenomena generated by the addition of unpurified materials to a cell culture as proof that a pathogenic virus is present.

But, Dr Etienne de Harven, a retired University of Toronto virologist, believes that virology lost its way years ago by neglecting the need for purification.

"To obtain virus specific reagents, purification is essential.

But the success of such purification should be demonstrated. And the best way to demonstrate the achieved level of purification is to study, by electron microscopy thin sections of pelletized **[centrifuged] virus**!"

The reagents he refers to are the RNA and proteins (antigens) needed for West Nile Virus tests.

Without obtaining them from purified virus, there is no proof that they came from any virus, let alone a specific virus. [de Harven, 2002]

It was not until December, 2002 that a report claimed the"first time that infectious WNV has been recovered from a patient with encephalitis in North America" [Huang, 2002], indicating that the evidence for causation is weak, even without considering the flaws in the methods used to detect it. **If a virus is not causing the observed bird and human illness and death, something else must be.**

Jim West, a researcher with the No Spray Coalition [NoSpray], based in New York City (the supposed beachhead of the virus in North America) **found a strong correlation between petrochemical emissions and both bird and human disease.**

For example, **half the dead birds collected in the New York State counties with severe air pollution tested positive**, less than 5% of those in moderately polluted counties and none in the least polluted counties.

Excessive bird deaths were first noticed during a June

1999 air pollution peak in New York City, and human illness and deaths started during a second, even worse peak in late August. [West]

In Canada, Health Canada statistics for 2002 indicate a similar environmental connection.

In Quebec 2% of dead birds found in the most rural areas of the province tested positive, but 37% of those tested from Montreal/Laval.

In Ontario, about 5-11% of birds in rural areas were found to be positive (e.g. 5.6% in Porcupine district) but from 15-75% in the more industrialized areas (e.g. 35% in Toronto).

The disease is thought to be most prevalent in the corvid family – Crows, Ravens, Magpies and Jays and the highest rates are found in crows (18% of those tested in 2002).

Surprisingly, however, the lowest rates are found in Ravens (2.5%), even lower than in species not believed to be at risk. While Crows and Ravens are closely related, Crows are much more common in heavily urbanized areas, including scavenging along highways. [CCWHC, 2002]

Human cases of disease with positive West Nile tests are even more urbanized.

Greater Toronto has 44% of Ontario's population, but 82% of the 65 cases in 2002 that were confirmed positive.

The only other significant hotspot is Windsor which has 3.3% of the population yet 10.7% of the West Nile cases.

It also has "anomalously high rates" of disease, death and congenital abnormalities, blamed on local pollution, and proximity to Detroit [Gilbertson, 2001].

West Nile is more a test than a disease. The CDC case definition **[CDC, 1999] admits that the symptoms (fever, headache, altered mental state, stiff neck or various signs of brain dysfunction**) are clinically indistinguishable from other viruses.

Furthermore, the vast majority of people who test positive have none of these symptoms.

One study found that 2.6% of a New Yorker sample tested positive, yet none had symptoms worse than a recent fever [Mostashari, 2001].

When more serious symptoms are associated with a positive test it is assumed that this is proof that the virus is the cause of the symptoms.

There has even been a recent attempt in 2 separate New England Journal of Medicine papers to add polio-like paralysis to the clinical spectrum, based on positive tests in a handful of people with this condition [NEJM, 2002].

As testing extends further in Canada and the US, inevitably more people and animals will test positive.

The CDC case definition requires that illness and a positive West Nile test occur during a time when virus transmission is believed likely (e.g. when mosquito populations are active).

This is also when the collection of dead birds is encouraged.

These policies reinforce the association between the disease and its purported carrier.

The inability to find a mosquito connection in some cases has led to speculation that the virus can be transmitted via blood transfusions or organ transplants.

In the rare cases when serious disease or even death occurs, other explanations are also possible.

The victims were usually elderly (average age 58 in Ontario, in 2002), **had serious pre-existing health conditions (e.g. diabetes, cancer) and lived in heavily polluted areas.**

You do not have to accept the story you are being told by Health Canada, read the 1999 papers in Science (especially the fine print) and make your own decisions about the validity of the isolation they describe.

You have the right to ask for proof that West Nile Virus has been purified, proof that tests have been constructed from RNA and proteins obtained from purified virus and proof that the virus can be purified from the bodies of animals and people whose sickness is blamed on the virus.

You also deserve evidence that environmental connections have been thoroughly investigated, and eliminated.

Only when you are comfortable with the science of West Nile do you need to consider whether the prescription (aerial spraying for mosquitoes) is the lesser evil, or whether it will just increase the burden of chemicals to which we are exposed, while doing nothing to eliminate the root cause." -- David Crowe, Biomedical Science Critic, in "Alive Magazine", April 2003.

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[West] Jim West's West Nile Virus: www.geocities.com/noxot

Criterion Providing Evidence of The Existence of Measles Virus Through "A Scientific Publication" Was Not Met

State jurisdiction of Baden-Württemberg

"The decisions of the courts and public prosecutor's offices in Baden-Württemberg, Germany.

OLG Stuttgart judgment of 16 February 2016, 12 U 63/15

Claim: willingness to be legally bound in the event of a negative claim; **Interpretation of a competition for the detection of the measles virus**

Tenor

1. On the appeal of the defendant, the judgment of the district court of Ravensburg from March 12, 2015 - 4 O 346/13 - is amended and worded as follows:

(1) The defendant is sentenced to pay the plaintiff EUR 492.54 plus annual interest from this amounting to 5 percentage points above the respective base interest rate since April 16, 2014.

(2) Otherwise the action is dismissed.

2. The defendant's further appeal is dismissed as inadmissible.

3. The plaintiff bears the costs of the legal dispute in both instances.

4. The judgment and the judgment of the regional court, insofar as it is upheld, are provisionally enforceable.

The plaintiff can avert enforcement by providing security of 115% of the enforceable amount if the defendant does not provide security of 115% of the amount to be enforced before enforcement.

5. The object value for the appeal procedure is set at up to EUR 110,000.00.

Reasons

……

I 1 The main dispute between the parties is whether the plaintiff can claim the amount of EUR 100,000 claimed by the defendant for proof of the measles virus.

2 **1. The defendant, a biologist, takes the view - contrary to the unanimous opinion in science - that measles is not caused by viruses, that there is not and cannot be a measles virus.** On November 24, 2011, on the website of the "k...-k... Verlag" he runs, he offered "prize money" of EUR 100,000.00 as follows:

3 **"The prize money will be paid out if a scientific publication is presented in which the existence of the measles virus is not only claimed but also proven and its diameter is determined, among other things.**

4 **The prize money will not be paid if the determination of the diameter of the measles virus is only a question of models or drawings such as ..."**

5 For further details of the text, reference is made to the detailed description of the facts of the judgment of the Ravensburg Regional Court and to Annex K 1. Whether the full text of the advert can be seen on the website of "k...-k... Verlag" or only read by calling up the newsletter - which is also available on the internet - was disputed in the second instance. In any case, the plaintiff was not a subscriber to the newsletter.

6 **The plaintiff, who was still a student at the time and is now a doctor, submitted several publications to the defendant in a letter dated January 31, 2012 (Annex K 4), which he believed unequivocally proved the existence of the measles virus, and asked for the prize money to be paid out. The defendant refused because the measles virus had not been proven.**

7 The defendant also operates the publishing house "W... A... und Verlag", on the website of which the following could be read on April 13, 2014, 3 days after the first hearing date in this matter:

8 ....

"On Monday, April 14th, 2014, we will report here, to which we will refer in the newsletter, that, why and how the non-doctoral, non-specialist young doctor D...B... and his illegal backers in the "bet that there is no Measles viruses exist!" trial on April 10, 2014, before the district court of Ravensburg, which lied to the court and the public. **We anticipate that Dr Stefan Lanka is acquitted on April 24, 2014 and D...B... is arrested for court fraud, inability to pay the court and attorney's fees, expenses and expense allowances, aiding and abetting mass bodily harm, sometimes resulting in death** and because of the risk of fleeing abroad. "

9 The plaintiff objected to this and demanded that the defendant issue a cease-and-desist declaration on April 15, 2014 (Annex K 11).

10 Of the lawyer's fees of EUR 492.54 incurred by the plaintiff, he paid EUR 155.00 himself and was authorized to assert the excess amount by R... Rechtsschutzversicherungs-AG, which made the remaining payment.

…...........

122. **As a result, the appeal was successful, insofar as it is admissible, because the claimant's criterion of providing evidence of the existence of the measles virus through "a scientific publication" was not met by the plaintiff.** Accordingly, the plaintiff is not entitled to any pre-trial attorney's fees." - in "OLG Stuttgart judgment 12 U 63/15", State jurisdiction of Baden-Württemberg, 16 February 2016.

To read the full court case please use the following link:

https://lrbw.juris.de/cgi-bin/laender_rechtsprechung/document.py?Gericht=bw&GerichtAuswahl=Oberlandesgerichte&Art=en&sid=46bf3db2df690aba6e4874acafaf45b6&nr=20705&pos=0&anz=1

The Medical Trade Science and the Lack of Evidence for the Virus Theory

“There's a lot in the current system of science right now, that is not good, in many different ways. And especially with respect to the “virus” stuff, since that's the hot area, but that's just part of it.

There's a lot more, it's really crazy right now in the world of Science & Medicine.

And the other thing to mention is, **I've always been somewhat of a skeptic. So, even throughout my whole career, even though I was in Academia, I was in the Pharmaceutical Industry, and the Biotech Industry, I've always been someone that asked a lot of questions; that's been skeptical of things like “viruses”.**

And so **when this stuff came up with Covid, it just kind of really reinforce all of those, all of that skepticism that I previously had.**

I also had some other eye-opening experiences along the way too, even before Covid, but Covid, kind of sealed the deal.

I don't believe that “viruses” are pathogens to be scared of.

The way that I look at it is, first and foremost I think **we have to be very careful of how we say things, and how we define things, and so I would say in terms of the way a “virus” is currently defined, and how that word is currently used, that I don't believe that they are pathogens that infect people, that they are a small inner particles that supposedly are able to hijack yourselves, and do all sorts of destruction, and then be transmitted to another person, and then replicate and do the same thing.**

And the main reason I say that, is based on evidence, or I should say, lack thereof, and I just don't, or have not throughout my entire career seen any evidence of the validity of Viral Theory.

Back to that kind of first experience, I had in the lab doing HIV research, as a young scientist, I went in there with an open mind, not knowing much more than what I learned in my studies about viruses and HIV.

And, **as I started to dig more into, and read papers and then get into the lab work, and actually see how "Virology Research" was done it just it didn't add up.**

For starters I think HIV is a good example of this because it's been quite well refuted over the years. But I didn't know that at the time, until I started digging more into it.

So, I had thought that:

Here's this "virus" that is replicating at a high level in people, and you can take that "virus" out, you can take a patient's blood and you can isolate that viral "virus", the viral particles out of the blood and examine them, and do things with them to show that you have a "virus" there, and study what you know is the make up of that "virus", and that was how we're able to come up with the sequence of the genome, and what are the different viral proteins and things.

Well, as it turned out, even with HIV, when you have a patient that is supposedly sick with AIDS that they progress for a long period of time, which is another whole issue with the fact that **you have this long sort of asymptomatic latency period once you're first infected, which is quite unusual** but you know, I think they've come up with some clever ways to try to explain that.

But, the whole idea that you have someone that's sick, the whole thing with when you're sick with a supposed viral pathogen you should have a high amount of virus right, what's called a viral load, **I assumed, I guess naively that if you took a sample from a patient like that, there would be tons of virus such that you would be able to easily isolate it that you could do stuff with it.**

Well, what I found out pretty quickly was, that's not the case. Even in patients that are supposedly sick, and had a higher viral load, it really was quite low and you really couldn't do much with it.

So, therefore, we had to make these "Viral Stocks" in

the lab using Cell Lines, and we'd engineer these DNA plasmas, circular piece DNA, and then put them into the cells using a process called Transfection, and then they would culture for about 48 hours, and you'd collect the supernatant - that means the media on the cells and everything that's in there, and you'd freeze it down and you'd call that a "Viral Stock", and then you throw it on some other cells that are supposed to be susceptible, and you culture them and wait to see if you saw certain effects like CPE or there's these different reporter essays that you know the cells will light up, so if they supposedly have a certain, if they have HIV in them or something, there's different ways that you can supposedly measure the the presence of a "virus".

The problem is we never actually isolated a virus.

It was just all assumed, and a lot of that was based of the work that the doctor whose lab it was, had done at National Institute of Health (NIH), so it's just well we assume all of this stuff. But, of course I kept asking: Well how is this supposed to work then, if we can't isolate a "virus" or we can't, we're not isolating any viral particles.

We can't do anything with the patient sample, because there's not enough there, **and so we have to make these artificial stocks in these cell lines, and then you're manipulating these cell lines, and putting a bunch of junk in there, that's not purified, and saying that any effects you see is caused by a "virus" as well you're not really examining all the proper controls to rule anything else out, so it just didn't line up to me, I felt like there was a lot of holes, even right pretty quickly as I started to examine things, and then the more I worked with it just never lined up.**

So, I started digging into research, and came across whole different groups of people that were refuting the AIDS or HIV AIDS theory, and people like Peter Duesberg and the Perth Group, and getting into all of that stuff, and I mean that was when I was still working in this lab, and so right away I was kind of very skeptical of it.

I've always taken the stance of;

"I don't know everything. Maybe somebody will come along and ***provide some evidence that'll change my mind."***

I'm just saying that based on the evidence that I've seen in the literature, there's a whole host of problems with scientific literature, but also upfront in actually doing the experiments.

I don't see the clear evidence and so right from there it was, it just added to my skepticism, and I never, even going on throughout my career, beyond that I never encountered anything that reverse that thinking, and I worked with other "viruses" like Hepatitis C, that's a really contrived that one, is supposedly even harder to culture and work with, there's a lot of smoke and mirrors around that one if you will.

So you know again it's just there was never a situation that came up where I was like; "oh okay I guess maybe I was just misled".

It kind of started really early on for me, and I've not seen any strong evidence, and then the whole "SARS-Covid-2" thing just kind of fell into the same category.

I feel like there's a lot of parallels there with HIV:

1. The Testing.
2. The Lack of Isolation.

There's just more and more holes in this theory, and this data that just don't make sense if you really understand it although, with all of this stuff they use a lot of big words, they use things like "genomics" and saying, "we've got the sequence", and things like that, and so people get usually misled." - Mike Donio, MPA, Scientist displaced via COVID Jab mandate, and called upon by God to speak the Truth about the current state of "Science", in "Virus Mania Podcast", 6 April 2022.

"It is generally believed that bat-borne CoVs will re-emerge to cause the next disease outbreak. In this regard, China is a likely hotspot." *- Yi Fan, (1,2) Kai Zhao, (1,2) Zheng-Li Shi, (1,2), Peng Zhou, from the CAS Key Laboratory of Special Pathogens and Biosafety, Wuhan Institute of Virology, Chinese Academy of Sciences, Wuhan, China, and University of Chinese Academy of Sciences, Beijing, China- in "Bat Coronaviruses in China", Viruses, March 2019.*

The 30 December 2019 Bat Farce

*“**Bats enter hibernation in November, and may not be fully active until mid-May.** While in this state of torpor, bats lower their body temperature and their metabolic rate slows.” - in **“Do Bats Hibernate in Winter”**,The Woodland Trust, 3 December 2018.*

“The mysterious patient samples arrived at the Wuhan Institute of Virology at **7 PM, on 30 December 2019.**

Moments later Shi Zhengli’s cell phone rang.

It was her boss, the institute’s director. The Wuhan Center for Disease Control and Prevention **had detected a novel coronavirus** in 2 hospital patients with atypical pneumonia.” - in “How China’s **‘Bat Woman’ Hunted Down Viruses from SARS to the New Coronavirus**, Wuhan-based virologist Shi Zhengli has identified dozens of deadly SARS-like viruses in bat caves, and she warns there are more out there”, Scientific American, 1 June 2020.

The Pandemic Invented by The World Health Organisation

“COVID-19 is a fraud because: **its alleged causal agent, a purported novel coronavirus called SARS-CoV-2, has not been proven to exist in nature, and therefore has not been established as the cause of COVID-19**, the disease and **pandemic invented by the World Health Organisation** (WHO).

For the selfsame reason there are no variants of the “virus”, which likewise exist only hypothetically in computers, cloud-based gene banks and in the minds of innocent people who have been comprehensively gulled by their governments.“ in Dr Mark Bailey, MD, Dr John Bevan-Smith, MD, in “The Covid-19 Fraud & War on Humanity”, 11 November 2021.

"We started the work in March 2020, and the main we signed the contract after 2 months, which was only the research.

The main contract which was a commercial agreement.

To define billions basically of dollars, was signed in January of 2021.

These were days of darkness, with no hope in the horizon, so people were that the civilization, the way we know it will, is could disappear.

And then surprise, surprise they made the impossible possible." - Albert Bourla, CEO of Pfizer, in "WEF", 25 May 2022.

The Lethal Virus – Farce

"We infected rhesus macaques and Mauritian cynomolgus macaques with highly pathogenic 1918 H1N1 influenza virus and assessed pathogenesis and disease severity.

Despite infection with a high dose of 1918 influenza delivered via multiple routes, rhesus macaques demonstrated minimal signs of disease.

Here, we demonstrate that even at the highest doses tested, 1918 influenza was not lethal in these two macaque species.

Rhesus macaques should not be used to study 1918 influenza virus infection, as infected animals displayed negligible signs of clinical disease." - in "Pandemic 1918 Influenza Virus Does Not Cause Lethal Infection in Rhesus or Cynomolgus Macaques", Journal of Virology, 4 August 2022.

The Flu Went on Vacation

“In this Day & Age, I'm hoping that people see as quick as you get it.

Right now we're talking about, are we talking about a virus?

That's what we're talking about.

SARS, MERS, Bird Flu, Swine Flu, Ebola, now Corona.

Come on folks, I mean you gotta really you gotta read the Tea Leaves, you gotta the devil's in the details, and with that said is, if you look at the recovery numbers on what we're talking about, the Flu went on vacation this year, Heart Attacks went on vacation, everything went on vacation this year.

When it came to, I'm talking about what we're going through right now, and let's just call a spade of spade.

And the reason I can have this conversation, is because my family comes from Communism, they fled Communism, they had everything taken away from everybody, got murdered everybody got killed.” - Pitbull, rapper, in “REVOLT.TV”, 26 September 2020.

South Korea Downgrades Covid to a ‘Class 2’ Disease

“South Korea will ditch all remaining social-distancing measures next week while downgrading Covid-19 to a “Class 2” disease alongside conditions such as tuberculosis and cholera.

North Korea is, along with Eritrea, one of 2 countries in the world not to have a Covid vaccination programme.” - in “South Korea downgrades Covid to a ‘Class 2’ disease and removes restrictions”, Financial Times, 15 April 2022.

The Mask Farce

The UK Recommends Members of the Public do Not wear Masks

"WHO has concluded there is currently no conclusive evidence that Face Masks are beneficial for community use.

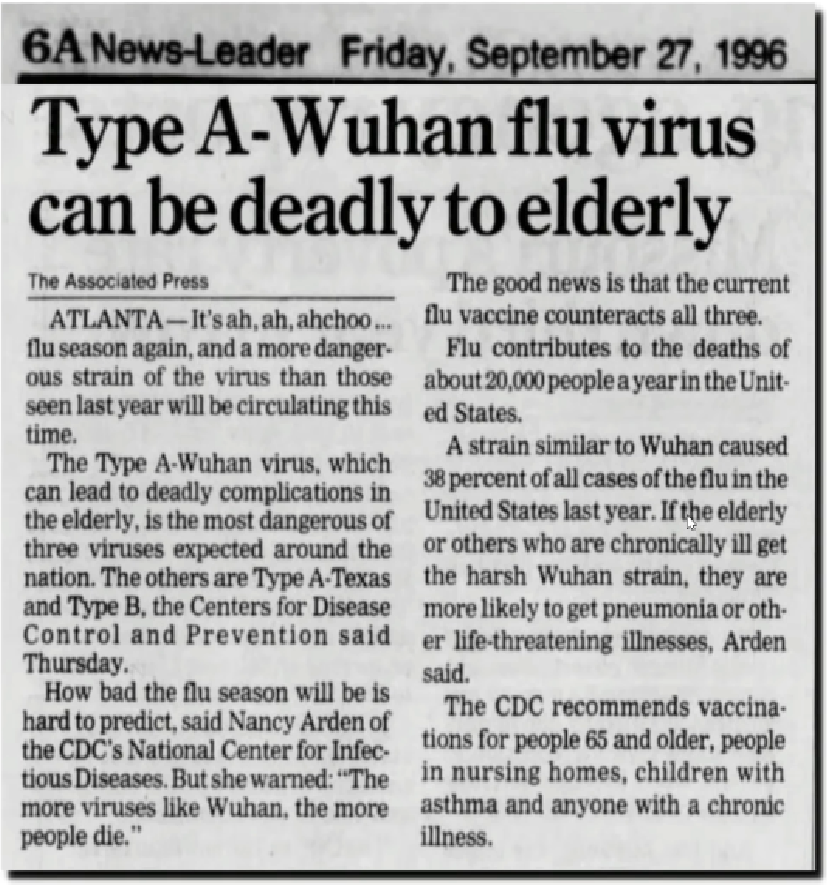
SAGE will review a NERVTAG paper on Face Masks at its next meeting, covering their value in limiting spread from pre-symptomatic and asymptomatic cases and what potential research studies might be commissioned.

NERVTAG advised there is still **insufficient data to reach any conclusion about whether Loss of Taste and Smell should be added to the case definition for COVID-19.**

The Chief Veterinary Officer has advised that **the risk of transmission from cats to humans is low."** - in "Twenty-fourth SAGE meeting on COVID-19", 9 April 2020.

> ***"I've been very impressed by the recognition from the beginning that we had a real responsibility here to keep things in perspective.*** *We got an e-mail last weekend saying let's make sure we're paying attention to this story and covering it as competitively as we can,* ***but also understand the responsibility not to be hyperbolic. I know every news organization has been having that conversation."*** *- Rome Hartman,* ***Executive Producer of BBC (a left leaning organization)*** *World News America. Yet* ***swine flu has yet to dominate the airwaves that way. Coverage of President Barack Obama (Democratic Party) 100-day marker, and the party affiliation switch of Senator Arlen Specter (to the Democratic Party) has taken as much time.*** *There's been the usual number of "breaking news" or* ***"news alert" graphics,*** *but* ***CNN has quietly phased out an alarmist graphic showing a man in a face mask."*** *- in* ***"Many in Media Strive for Calm with Flu Story"****, The Courier,* ***30 April 2009.***

The Wuhan Flu Virus - 1996



6A News-Leader Friday, September 27, 1996

Type A-Wuhan flu virus can be deadly to elderly

The Associated Press

ATLANTA—It's ah, ah, ahchoo... flu season again, and a more dangerous strain of the virus than those seen last year will be circulating this time.

The Type A-Wuhan virus, which can lead to deadly complications in the elderly, is the most dangerous of three viruses expected around the nation. The others are Type A-Texas and Type B, the Centers for Disease Control and Prevention said Thursday.

How bad the flu season will be is hard to predict, said Nancy Arden of the CDC's National Center for Infectious Diseases. But she warned: "The more viruses like Wuhan, the more people die."

The good news is that the current flu vaccine counteracts all three.

Flu contributes to the deaths of about 20,000 people a year in the United States.

A strain similar to Wuhan caused 38 percent of all cases of the flu in the United States last year. If the elderly or others who are chronically ill get the harsh Wuhan strain, they are more likely to get pneumonia or other life-threatening illnesses, Arden said.

The CDC recommends vaccinations for people 65 and older, people in nursing homes, children with asthma and anyone with a chronic illness.

__"The more viruses like Wuhan, the more people die."__ - Nancy Arden of the National Center for Infectious Diseases at the centers, in "The New York Times", 27 September 1996.

__"The flu season has gotten off to an early start this year with an especially potent strain called A-Wuhan, named after the city in China where it is believed to have originated."__ - in "Flu season gets early, harsh start", CNN, 16 December 1996.

Update: Influenza Activity - Worldwide 1996

"From October 1995 through August 1996, influenza activity occurred at moderate to severe levels worldwide. Epidemic activity in Europe, Asia, and North America was associated with influenza A(H1N1) and influenza A(H3N2) viruses. Influenza A(H1N1) viruses caused an epidemic in Japan and predominated in Canada, most regions of the United States, and a few countries in Europe.

Influenza A(H3N2) viruses predominated in most European countries, China, and some regions of the United States. Influenza B viruses were isolated in association with sporadic cases throughout most of the world.

This report summarizes influenza activity worldwide during March-August 1996, indicating that, during these months, influenza activity occurred at peak levels in the Southern Hemisphere.

Africa. During June, the first localized outbreak of influenza-like illness (ILI) associated with influenza A(H1N1) infections occurred among adult workers in Durban, South Africa. Influenza A(H3N2) viruses were isolated in Senegal in June and in Madagascar and South Africa in June and July.

Asia. During March-August, influenza A(H3N2) viruses predominated in Asia, but influenza A(H1N1) and influenza B viruses also were identified. In Korea during March and April, influenza A(H3N2) and influenza B viruses were isolated.

From March through June, influenza A(H3N2), influenza A(H1N1), and influenza B viruses circulated in China.

In southern China, outbreaks associated with influenza A(H3N2) viruses occurred in Guangzhou Province during March, April, and May; Guangxi Province during April and May; Hainan Province during May; and Fujian Province during May and June. In Hong Kong, the number of influenza viruses isolated peaked during March and April, then again during July and August; influenza A(H1N1) and influenza B viruses were isolated sporadically, but influenza

A(H3N2) viruses were associated with outbreaks.

From May through July, influenza A(H3N2) and influenza B viruses were isolated sporadically in Taiwan and Guam.

Europe. In March, several countries reported sporadic isolation of influenza A(H1N1) (Croatia, Germany, and the United Kingdom), influenza A(H3N2) (Germany and Iceland), and influenza B viruses (Austria, Czech Republic, France, Germany, Greece, Sweden, and Switzerland). Sporadic isolation of all three influenza viruses also was reported in Europe during the summer.

North America.

Influenza activity in the United States increased during November and December 1995, peaked during mid-December through early January 1996, and declined thereafter with widespread * and regional activity last reported for the weeks ending March 2 (week 9) and April 20 (week 16), respectively. CDC received influenza B isolates collected during every month from March through July for antigenic characterization.

During June and July, these viruses were associated with sporadic cases in Alaska, Hawaii, Ohio, Pennsylvania, and Texas. Influenza A(H3N2) viruses were collected during every month from March through August.

These included influenza A(H3N2) isolates from a nursing home outbreak in Washington in which 31 (40%) of 77 residents and 29 (19%) of 150 staff members became ill during May 31-June 24; two residents died.

Influenza A(H3N2) viruses also were isolated from residents and staff in association with an outbreak of ILI in a nursing home in Hawaii; 70 (38%) of 183 residents and 36 (29%) of 125 staff became ill during July 17-30. In addition, from July 1 through August 22, a total of 14 (19%) of 74 respiratory specimens collected from military personnel and their family members at Tripler Army Medical Center in Hawaii were positive for influenza type A.

All viruses subtyped were influenza A(H3N2).

Sporadic influenza A(H3N2) isolates were identified in Alaska during July and in Wisconsin during August and September.

In Canada, influenza A and influenza B viruses were isolated from sporadic cases throughout May and June.

Only one isolate of influenza B virus was reported in July.

In August, Ontario reported isolation of influenza A(H1N1) and influenza A(H3N2) viruses.

Central and South America. Chile reported isolation of influenza A viruses in the northern, central, and southern regions during June. During May and June, outbreaks of ILI associated with influenza A(H1N1) and influenza A(H3N2) occurred in Santiago and Valparaiso. Brazil reported outbreaks of influenza A(H3N2) viruses during April and June and influenza A(H1N1) viruses during May and June.

Oceania. Epidemic level activity was associated with influenza A(H3N2) viruses while influenza A(H1N1) and influenza B viruses circulated at low levels.

In Australia, influenza A(H3N2) virus activity increased sharply in June and peaked in July at a level substantially higher than reported in 1995.

In August, influenza activity declined in most regions of Australia, but Queensland reported increased activity and the Northern Territory reported severe outbreaks.

In New Zealand, seasonal activity began in May with school outbreaks of influenza type A(H3N2).

The number of influenza isolates and consultation rates for ILI increased rapidly and peaked in June and early July.

The 1996 influenza type A(H3N2) epidemic reported from New Zealand was the largest since the revision of their surveillance program in 1990 (3).

Characterization of influenza virus isolates. Influenza A(H1N1) viruses predominated in most parts of the United States during the 1995-96 influenza season, but influenza A(H3N2) and influenza B viruses accounted for 35% and 15%, respectively, of **isolates reported by the World Health Organization Collaborating Laboratories** from October 1, 1995, through May 18, 1996.

From 1 October 1995, through 6 September 1996, a total of 1016 influenza isolates collected worldwide **were antigenically characterized by the World Health Organization Collaborating Center for Surveillance,**

Epidemiology, and Control of Influenza at CDC.

Of these, 566 (56%) were from North America; 130 (13%), from Europe; 263 (26%), from Asia; and 57 (6%), from South America and Oceania. Of the viruses subtyped, 457 (45%) were influenza A(H3N2), 348 (34%) were influenza A(H1N1), and 211 (21%) were influenza B.

Of the 457 influenza A(H3N2) isolates characterized, 306 (67%) were antigenically related to A/Johannesburg/33/94, the 1995-96 vaccine strain, and 151 (33%) were more closely related to A/Wuhan/359/95, the A(H3N2) component of the 1996-97 influenza vaccine. The proportion of A/Wuhan/359/95(H3N2)-like viruses have increased since January 1996. Of the 211 influenza B viruses, 207 (98%) were similar to B/Beijing/184/93, the current vaccine strain.

Four (2%) of the influenza B viruses were antigenically related to B/Victoria/02/87. B/Victoria/02/87-like viruses circulated in 1988-89 and since then have been isolated sporadically only in China and Hong Kong.

Of the 348 influenza A(H1N1) viruses, 318 (91%) were A/Texas/36/91-like or related to the antigenically similar A/Taiwan/01/86-like viruses, and 30 (9%) were antigenically similar to a recently identified variant that has been isolated only in China and Hong Kong. The influenza A(H1N1) component of the 1996-97 vaccine is A/Texas/36/91.

Reported by: J Sasaki, MPH, Epidemiology Br, Hawaii State Dept of Health; P Toyama, MS, Dept of Pathology, Tripler Army Medical Center, Honolulu, Hawaii.

J Russell, N Furness, C Spitters, MD, Snohomish Health District, Everett, Washington. World Health Organization National Influenza Centers, Emerging and Other Communicable Diseases Div, World Health Organization, Geneva. World Health Organization Collaborating Center for Surveillance, Epidemiology, and Control of Influenza, Influenza Br, Div of Viral and Rickettsial Diseases, National Center for Infectious Diseases, CDC.

Editorial Note

Editorial Note: In the United States, sporadic cases of influenza are common during the summer, but outbreaks of influenza, such as those observed in Washington and Hawaii during June and July, are not common.

Although specific patterns of influenza activity and the time and extent of virus circulation cannot be predicted with certainty, the recent worldwide pattern of influenza suggests that all three influenza virus strains - type A(H3N2), type A(H1N1), and type B - will circulate during the 1996-97 influenza season in the United States.

The influenza vaccine is updated annually to include viruses antigenically similar to the strains of the three distinct groups of influenza viruses that are in worldwide circulation. The influenza vaccine for the 1996-97 influenza season contains A/Texas/36/91-like (H1N1), A/Wuhan/359/95-like (H3N2), and B/Beijing/184/93-like antigens (2,4).

For the A/Wuhan/359/95-like and B/Beijing/184/93-like antigens, U.S. manufacturers will use the antigenically equivalent strains A/Nanchang/933/95(H3N2) and B/Harbin/07/94 viruses, respectively, because of their growth properties. Since March 1996, most influenza viruses isolated worldwide have been antigenically similar to the vaccine strains.

Vaccination against influenza is recommended by the Advisory Committee on Immunization Practices for persons aged greater than or equal to 65 years; persons who reside in nursing homes or chronic-care facilities; persons with chronic cardiovascular or pulmonary disorders, including children with asthma; persons who required medical follow-up or hospitalization during the previous year because of diabetes or other chronic metabolic diseases, renal dysfunction, hemoglobinopathies, or immunosuppression; and children and teenagers (aged 6 months-18 years) receiving long-term aspirin therapy and who therefore may be at risk for developing Reye syndrome after influenza.

Vaccination also is recommended for health-care workers and other persons, including household members, in frequent contact with persons at high-risk for influenza-related complications.

Pregnant women who will be in the third trimester during the influenza season may be at increased risk for medical complications following influenza infection and should consult with their health-care providers about receiving the vaccine. Influenza vaccine also can be administered to persons who want to reduce the likelihood of acquiring influenza.

The optimal time for organized influenza vaccination campaigns is October through mid-November, but beginning in September, health-care providers should offer influenza vaccine to persons at high risk who are seen for routine care or as a result of hospitalization.

Health-care providers should continue to offer influenza vaccine to high-risk persons until and even after influenza activity has been documented in the community.

Although vaccination against influenza is the most effective means of reducing the impact of influenza, antiviral agents provide a useful adjunct. Antiviral agents available for the prophylaxis or treatment of influenza type A infection are amantadine hydrochloride and rimantadine hydrochloride. **Neither drug is effective against influenza type B viruses.**

Use of antivirals may be considered in certain situations including 1) as a control measure when influenza outbreaks occur in institutions -- both for treatment of ill persons and as prophylaxis for others; 2) as short-term prophylaxis for high-risk persons who are vaccinated after influenza activity has begun and who need protection for the 2-week period during which immunity is developing; 3) as prophylaxis during peak influenza activity for persons for whom vaccine is contraindicated or for immunocompromised persons who may not produce protective levels of antibody in response to vaccination; and 4) as prophylaxis for unvaccinated health-care workers and household contacts of high-risk persons either during peak influenza activity or until immunity develops after vaccination.

Because amantadine and rimantadine are effective only against influenza type A, use of rapid diagnostic testing for influenza type A and close monitoring of local influenza surveillance reports may assist health-care providers in making treatment decisions for patients with ILI.

Information about influenza surveillance is available through the CDC Voice Information System (influenza update) by telephone ({404} 332-4555) or fax ({404} 332-4565) (document no. 361100) or through the CDC Information Service on the Public Health Network electronic bulletin board.

From October through May, the information is updated weekly. Periodic updates about influenza are published in MMWR and information about local influenza activity is available through county and state health departments.

References

1. CDC. Update: influenza activity -- United States and worldwide, 1995-96 season, and composition of the 1996-97 influenza vaccine. MMWR 1996;45: 326-9.

2. World Health Organization. Recommended composition of influenza virus vaccines for use in the 1996-97 flu season. Wkly Epidemiol Rec 1996;71: 57-61.

3. Anonymous. Influenza update: New Zealand. Communicable Diseases Intelligence 1996;20:341.

4. CDC. Prevention and control of influenza: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 1996;45(no. RR-5).

Levels of activity are 1) no activity; 2) sporadic sporadically occurring ILI or culture-confirmed influenza, with no outbreaks detected; 3) regional outbreaks of ILI or culture-confirmed influenza in counties with a combined population of <50% of the state's total population; and 4) widespread outbreaks of ILI or culture-confirmed influenza in counties with a combined population of greater than or equal to 50% of the state's total population." - in "Morbidity and Mortality Weekly Report" (MMWR), Centers for Disease Control and Prevention (CDC), 27 September 1996.

Just imagine these people so-called "scientists" getting paid to produce this type of Hyperbole - under false pretences - on a yearly bases.

Baricitinib Farce

"Baricitinib, sold under the brand name Olumiant among others, **is a drug for the treatment of rheumatoid arthritis** (RA) in adults whose disease was not well controlled using RA medications called Tumor Necrosis Factor (TNF) antagonists." - in "Baricitinib", Wikipedia, **26 April 2020.**

"Baricitinib, sold under the brand name Olumiant among others, is a medication used for the treatment of rheumatoid arthritis **and COVID-19.**

It acts as an inhibitor of janus kinase (JAK), blocking the subtypes JAK1 and JAK2.

An important side effect of JAK inhibitors **is serious bacterial, mycobacterial, fungal and viral infections.**

Side effects

In studies, **upper respiratory tract infections** and high blood cholesterol levels (hypercholesterolemia) **occurred in more than 10% of patients.**

Side effects included other infections such as:

1. Herpes Zoster.
2. Herpes Simplex.
3. Urinary Tract Infections.
4. Gastroenteritis.

Legal Status

Despite widespread expectations that the FDA would approve baricitinib for rheumatoid arthritis, in April 2017, the **FDA issued a rejection, citing concerns about dosing and safety.**

In May 2018, baricitinib was approved in the United States for the **treatment of rheumatoid arthritis.**

In March 2020, the US FDA granted breakthrough therapy designation to baricitinib for the **treatment of alopecia areata.**" - in "Baricitinib", Wikipedia, 7 June 2022.

Without Vaccine 83% Population of the AU Survived the "Covid-19 Virus"

> ***"Although more than 10 billion vaccines have been administered around the world so far – enough to inoculate every person on the planet – some 83% of the population of the African Union (AU) has yet to receive a single dose."*** *- in "General Assembly: Galvanizing momentum for* ***Universal Vaccination****", General Assembly, United Nations, 25 February 2022.*

The "Virus" Contagious Farce

"But why some people do not become sick despite significant exposure remains a mystery - one of the most important of the pandemic.

Dr Zatz, a geneticist at the University of São Paulo, could not stop thinking about her neighbours.

Why had the woman not gotten sick?

Dr Zatz spread the word that she wanted to study more discordant couples like her neighbours.

She appeared on Brazilian television asking to hear from people who had shared a home and a bed with an infected partner but did not get sick.

And to her great surprise, she was inundated with thousands of emails.

Her neighbours story wasn't so unusual, after all.

Before the pandemic, she was also focused on the divergent effects of the Zika virus on twins.

I recently spoke with a former Covid-19 patient who had nearly died from the disease while her parents remained largely healthy despite living with her in the days before she became symptomatic and tending to her." - in "Why Do Some People Never Get Covid?", The New York Times, 8 March 2022.

> *"Jamie Lloyd-Smith of the University of California, Los Angeles, who has studied the spread of many pathogens says:* ***"The consistent pattern is that the most common number is zero. Most people do not transmit."*** *- in "Why do some COVID-19 patients infect many others,* ***whereas most don't spread the virus at all?"****, Science, 19 May 2020.*

"Never Covid" People

"One of the great mysteries that has emerged from the Covid-19 pandemic - and one that's still being investigated by infectious disease specialists - is why some people catch Covid and others don't, even when they're equally exposed to the virus.

"Never Covid" People. An increasing amount of research is being devoted to the reasons why some people never seem to get Covid - a so-called never Covid cohort.

Research was published by Imperial College London suggesting that people with higher levels of T cells from common cold coronaviruses were less likely to become infected with SARS-CoV-2, the virus that causes Covid-19.

Dr Rhia Kundu, of the study from Imperial's National Heart and Lung Institute, said that "being exposed to the SARS-CoV-2 virus doesn't always result in infection." - in "Why do some people get Covid when others don't? Here's what we know so far", CNBC, 3 February 2022.

Male Balding Is A Major Risk Factor for Severe COVID-19

"Recent observations by Wambier et al., suggest that men with pattern baldness are at high risk for severe symptomatic COVID-19 infection.

Although the exact mechanism remains unknown, severe androgenic alopecia seems to be associated with hospitalization for COVID-19." - in "Journal of the American Academy of Dermatology", November 2020.

What Is Mass Formation Psychosis

> ***"Men, it has been well said, think in herds; it will be seen that they go mad in herds, while they only recover their senses slowly, one by one."*** - *Charles MacKay, in "Extraordinary Popular Delusions and the Madness of Crowds", 1841.*

"I have 2 Master degrees one in Clinical Psychology, one in statistics, and at the beginning of the crisis, I started to study the statistics a little bit, and I immediately had the impression that the initial mathematical models, and the initial statistics all had indeed, dramatically overrated the dangerousness of the virus.

That was the moment when I started to think how it was possible that an entire society, and an entire population was in the grip of a narrative which in many respects was a blatantly wrong or absurd.

After a few months it became clear to me that the only mechanism that could explain what was happening in society was what is usually referred to as Mass Formation.

> ***"Now I wear a mask when I'm outside all the time. I even run with a mask on, and also because I want to make it be a symbol for people to see that that's the kind of thing you should be doing." - Dr Anthony Fauci, MD,*** *in a live Facebook interview with Mark Zuckerberg,* ***16 July 2020****.*

> ***"In March 2020, Fauci told 60 Minutes that masks should largely be reserved for healthcare providers.***
> ***In April 2020, the recommendations were broadened to include simple masks for the general public.***

> ***Infectious disease expert Dr Anthony Fauci, MD*** *tells 60 Minutes:*
> ***"There's no reason to be walking around with a mask.***
> ***While masks may block some droplets, they do not provide the level of protection people think they do.***
> ***Wearing a mask may also have unintended consequences: People who wear masks tend to touch their face more often to adjust them, which can spread germs from their hands."*** *- in "60 Minutes",* ***8 March 2020.***

Mass Formation is identical to Hypnosis, an individual that is in the grip of a process of Mass formation typically becomes radically blind for everything that goes against the narratives, where the masses of the group believes in.

They seem to have lost all interests and the things that were important to them before the mass formation started.

Which make them radically willing to self-sacrifice, to sacrifice themselves for the collective.

They become radically intolerant for dissonant voices, and this ghost typically goes further and further and further people who do not go along with the masses are stigmatized and in the end the masses typically are inclined to destroy the people who do not go along with them, and they do so as if it is an ethical duty to do so.

That's something that was observed in all major examples of mass formation in history whether we are

talking about the witch hunts, or the Soviet Union, in all the major Mass Formations, we noticed the same end point of the process.

Namely the tendency to commit cruelties, usually to destroy the people who do not go along with the masses. And that it is exactly that what makes the process so dangerous.

What gives meaning to the masses, and to the individuals that are in the Mass Formation is just the collective heroic battle with the object of anxiety.

A Mass Formation typically emerges in a society, when very specific conditions are met:

First and for all the most central condition is; the major part of the population needs to feel lonely (that's crucial).

Once people feel disconnected from their environment, they will typically start to experience a lack of meaning making in life, and then the next step once people feel socially isolated, confronted with lack of meaning making, they will be confronted with anxiety frustration, and aggression.

And under these conditions, if a narrative is distributed through the mass media, indicating an object of anxiety and a strategy to deal with this object of anxiety, they suddenly connect to one small object of fear; for instance the Coronavirus, and then people don't feel lonely any more, they feel connected again. But a new kind of social bond is highly problematic, just because the bond is never between individuals, it's always a social bond between individuals and a collective, through which an individual shows that its own individual interests are less important than the collective interest.

I think that Mass Formation shows is that people are intrinsically social beings and if they feel lonely they will suddenly do everything to feel connected again even sacrificing themselves."- Professor Mattias Desmet, Professor of Clinical Psychology, Ghent University, Belgium, in "Plandemic 3", June 2022.

To Whom Is It A Benefit?

"Our only object in making prominent these difficulties in the practical application of this particular line of work is to caution against the evident tendency of those who are not fully informed to draw unwarranted conclusions or predictions. There is probably no investigator who does not appreciate the situation fully. Undoubtedly there are possibilities that means may be found to evade the obstacles, and great advances result. But even were there no hope evident that any clinical use might come of all this work it is the right of science to expect the study to be pushed to completion, if for no other reason than that there are questions still unanswered. We have never the right to ask of science, "Cui bono?" (To whom (is it) a benefit?)." - in "JAMA", 14 March 1903.

Zero Transmission Rate

"Peter Flegg wrote "I explicitly stated that **"there was a low transmission rate"** in her study." It must be pointed out that in the prospective study of 175 HIV–discordant couples, tested every 6 months, **not one of the 175 non-infected men or women became HIV positive. The prospective Padian study did not prove a low transmission rate but a zero transmission rate, that is, no transmission.** The material banding at 1.16 gm/ml was **claimed to be "purified, labelled, virus" although no electron microscopic data were presented.** In the second paper "Frequent Detection and Isolation of Cytopathic Retroviruses (HTLV-III) from patients with AIDS and at risk of AIDS", Gallo and his colleagues **claimed to have "isolated"** HTLV-III (HIV) from 26/72 (36%) of AIDS patients. In this paper **isolation was defined as "more than one of the following": "repeated detection of a Mg2+-dependent reverse transcriptase activity in supernatant fluids; virus observed by electron microscopy (EM) [retrovirus-like particles in the culture]; intracellular expression of virus-related antigens detected with antibodies from seropositive donors or with rabbit antiserum to HTLV-III; or transmission of particles". Transmission of particles was defined as "detected by RT**

assays or by electron microscopic observation, to fresh human [umbilical] cord blood, bone marrow, or peripheral blood T lymphocytes", cultured with supernatants from the "infected" cultures. (It can be seen that the Gallo group method permitted "isolation" of a retrovirus without evidence for either particles or RT)." - in "The politics of AIDS in South Africa: beyond the controversies", BMJ, 1 March 2003.

Why No Whole Virus?

"If you were to test 2 HIV-positive people at random and analyse the genetic material of their strains, **they would differ, on average, by about 13%."**

1. How is it possible to transmit a cell-free retrovirus, "HIV", when it is accepted that:

(i) gp 120 is absolutely necessary for the virus to enter the cell and for the "cycle of viral replication to begin";

(ii) to date nobody has reported the existence of cell-free particles with the dimensions of retroviral particles possessing knobs, that is, gp 120?

2. How can one claim that AIDS patients and those at risk are infected with a unique retrovirus, HIV, when to date nobody has even reported in fresh, cultured tissue, or tissue co-cultures, particles fulfilling the principal morphological and physical characteristics of retroviral particles?

We realised that **the single most important obstacle in finding the explanation for AIDS is the belief in HIV.** For this reason, **we have critically analysed the data which claim proof for the existence of a unique, exogenous retrovirus, HIV, in AIDS patients and have always maintained that no such proof exists."** - in "Why No Whole Virus?", Continuum, March 1997.

> ***"Why have we as a society been so quick to accept a theory for which so little solid evidence exists? Why do we take proclamations by government institutions like the NIH and***

> ***the CDC, via Newscasters, and Talk Show hosts? The average citizen has no idea how weak the connection really is between HIV and AIDS, and this is the manner in which scientifically insupportable phrases like "the AIDS virus" or "an AIDS test" have become part of the common vernacular despite no evidence for their accuracy."*** *- Dr Rebecca V. Culshaw, PhD, in "Why I Quit HIV", 3 March 2006.*

"Hot Air Syndrome" (HAS)

During the readings of the articles in this book, we hope that you have noticed the Salad of Words, and the Robot Scripted **"mumbo jumbo" bullshit, coming out from the Medical Trade, intended to convince the uneducated, and the naïve in Anatomy, Physiology and Pathology.**

The Medical Trade lacks both knowledge and wisdom, for indeed they are as group, as a sect of a bastardly nature.

For, I cannot find who is the father of such clowns.

The Medical Trade is able to talk allot of crap while Putting on a straight face. Therefore only clowns can put a straight face while talking crap to make us laugh.

A classical example of "Hot Air Syndrome" (HAS); affecting the Medical Trade.

Ode To The Medical Trade

> *"**Worthless and Useless,** can rely on one outstanding attribute the omnipresent Anus! **Are you not every bit the marvel? As the "seat of government", true "one-stop shopping", as everything transpires from the posterior. You sit on your anus, you eat with your anus, you think with your anus, you talk through your anus,** the centre of the universe." - David Neves, Poet Extraordinaire, in a moment of incredible clarity, and that of great inspiration, achieved an exquisite rendering of prose, only equal to the Great Bard himself, in "Ode to the Anus", 2011.*

Chapter 12

Who Owns What
or
"The List of Those Who Own the Truth"

One company owns, and controls 80% to 90% of all Medical Trade Publications in the world, which are issued in several languages.

The company is called **Elsevier.**

What they publish is the Truth, what they don't allow for publication becomes labelled as Misinformation or Fake New.

> *"Researchers and healthcare professionals rely on our **2,700+ digitized journals, including iconic publications such as The Lancet,** and Cell, one of the flagship titles from Cell Press; **our 43,000+ eBook titles.**" - in "Elsevier", 1 June 2022.*

Elsevier is Owned by Relx PLC

Top Owners of Relx PLC

Stockholder	Stake	Shares owned	Total value ($)
BlackRock Investment Management L	0.12%	2,371,405	69,837,877

- in "CNN Business, 1 June 2022.

About Reuters Fact Check

During the so-called Covid-19 "pandemic", Reuters an international news agency, became a major Fact Checking organisation, some articles which where truth, where re-worded, basically stating the same facts, but with others words and then presenting same as Fake News.

It seems something between ironic and surreal, reminiscent of the themes and events found in the work of Franz Kafka.

> *"**Reuters is a global news agency** that was founded nearly 170 years ago. Our journalists work all over the world and are guided by **the Trust Principles, which state that Reuters must report the news with integrity, independence, and freedom from bias."** - in "About Reuters Fact Check", Reuters, 1 June 2022.*

Board Member of Pfizer, also Chairman of Reuters

> *"**Thomson Reuters CEO James Smith joins Pfizer board."** - in "The Baron", 26 June 2014.*

"James C. Smith, Chairman of the Thomson Reuters Foundation.

President, Chief Executive Officer and Director of Thomson Reuters Corporation, a provider of intelligent information for businesses and professionals, from 2012 until his retirement in 2020.

Member of the International Business Council of the World Economic Forum.

Pfizer Director since2014, Chair of our Compensation Committee, and Member of our Audit Committee (Pfizer)." - in "Pfizer", 1 June 2022.

The owners or Reuters, is Thomson Reuters Corporation is a multinational media conglomerate in Toronto, Ontario, Canada.

Top Owners of Thomson Reuters Corporation

Stockholder	**Stake**	**Shares**	**Total value ($)**
The Vanguard Group Inc.	0.77%	3,737,356	373,586,106

Top Mutual Funds Holding Thomson Reuters Corporation

Mutual fund	**Stake**	**Shares**	**Total value ($)**
Vanguard Total International Stoc.	0.44%	2,135,709	213,485,472
Vanguard Developed Markets Index	0.25%	1,192,449	119,197,202

- in "CNN Business, 1 June 2022.

If You Want to Know Who Controls You, Look at Who You Are Not Allowed to Criticize

"You cannot escape my control; consequently you have no right to criticize the way in which I exercise it." *- Comte Henri-Gratien Bertrand, General during French Revolutionary Wars, Napoleonic Wars, under the Empire was the last Grand marshal of the palace, and head of the Military Household of Emperor Napoleon Bonaparte, in "Cahiers de Sainte-Hélène", 1821.*

Top Google Shareholders

During the Covid-19 so-called "pandemic", YouTube removed any video which questioned the Medical Trade "official line". YouTube is controlled and owned by Google.

The Top Institutional Shareholders

"Institutional investors hold about 34.4% of Alphabet's total class A shares outstanding and about 31.6% of the company's total class C shares outstanding.

Vanguard Group Inc.

Vanguard Group is one of the world's largest investment management companies with about 440 low-cost traditional funds and exchange-traded funds (ETFs).

Vanguard is primarily a mutual fund and ETF management company and has about $7.2 Trillion in global assets under management (AUM).

Vanguard holds 22.8 million class A shares representing about 7.6% of total class A shares outstanding, and 21.3 million class C shares representing about 6.6% of total class C shares outstanding, according to its 13F filing for the period ended 30 June 2021. In total, **Vanguard holds more than 44 million Alphabet shares.**

The Vanguard Communication Services ETF (VOX), with $4.6 billion under management, is one of many Vanguard funds holding Alphabet shares.

GOOGL shares make up 11.5% of the fund's portfolio and GOOG shares comprise 11.1%, the second- and third-largest holdings, respectively.

BlackRock, Inc.

BlackRock Inc. (BLK), one of the world's biggest asset managers, sells the popular line of iShares ETF products.

The company is primarily a mutual fund and ETF management company with approximately $8.7 Trillion in AUM as of 31 December 2020.

BlackRock holds 20.2 million class A shares representing about 6.7% of total class A shares outstanding, and 19.1 million class C shares representing about 6.0% of total class C shares outstanding, according to its 13F filing for the period ended 30 June 2021.

In total, BlackRock holds 39.3 million Alphabet shares.

The iShares Core S&P 500 ETF (IVV) is among one of BlackRock's largest ETFs with approximately $290.4 billion in AUM.

GOOGL shares make up 2.3% of the fund's portfolio and GOOG shares represent 2.1%, both among the fund's top 10 holdings." - in "Investing in Google (Alphabet) (GOOG/GOOGL)", Investopedia, 13 October 2021.

Top Twitter Shareholders

Top Owners of Twitter Inc.

Stockholder	Stake	Shares owned	Total value ($)
The Vanguard Group, Inc.	10.38%	79,268,380	3,885,735,988
BlackRock Fund Advisors	4.70%	35,900,294	1,759,832,412

Top Mutual Funds Holding Twitter Inc.

Mutual fund	Stake	Shares owned	Total value ($)
Vanguard Total Stock Market Index...	2.89%	22,054,830	1,081,127,767
Vanguard 500 Index Fund	2.27%	17,297,058	847,901,783
Vanguard Mid Cap Index Fund	2.27%	17,292,714	847,688,840
Vanguard Growth Index Fund	0.80%	6,085,744	298,323,171

Latest Institutional Activity

31 of March 2022	THE VANGUARD GROUP, INC. Bought 12.1 Million shares of Twitter Inc.

- in "CNN Business, 6 June 2022.

Top Facebook Shareholders

Top Owners of Meta Platforms Inc.

Stockholder	Stake	Shares owned	Total value ($)
The Vanguard Group, Inc.	7.43%	171,065,220	34,293,444,653
BlackRock Fund Advisors	4.39%	101,153,934	20,278,329,149

Top Mutual Funds Holding Meta Platforms Inc.

Mutual fund	Stake	Shares owned	Total value ($)
Vanguard Total Stock Market Index...	2.91%	66,960,496	13,423,570,633
Vanguard 500 Index Fund	2.17%	49,947,300	10,012,935,231

- in "CNN Business, 6 June 2022.

> ***"Biontech would never have the money that they got from their investors,*** *to develop it without intellectual property.*
> ***We would never have the money that we have because everything we do, we do it with other people's money they're called Shareholders, they can tell us put the money in new research, or give it back to us, for dividends.***
> *I think the bloodline of the innovative industry it is this concept that a property cannot only be bricks and mortar, can also be intellectual property,* ***and that's exactly what is happening in Technology, or in High Biology it's very important."*** *- in* ***"Pfizer Chief Executive Officer Albert Bourla at Davos", World Economic Forum, 25 May 2022.***

Top Pfizer Shareholders

Top Owners of Pfizer Inc.

Stockholder	Stake	Shares owned	Total value ($)
The Vanguard Group, Inc.	8.08%	456,389,483	22,395,031,931
BlackRock Fund Advisors	4.69%	264,971,345	13,002,143,899

Top Mutual Funds Holding Pfizer Inc.

Mutual fund	Stake	Shares owned	Total value ($)
Vanguard Total Stock Market Index...	2.89%	163,093,569	8,003,001,431
Vanguard 500 Index Fund	2.15%	121,411,206	5,957,647,878
Vanguard Health C	1.01%	56,931,320	2,793,619,872
Vanguard Value Index Fund	0.83%	46,977,566	2,305,189,164

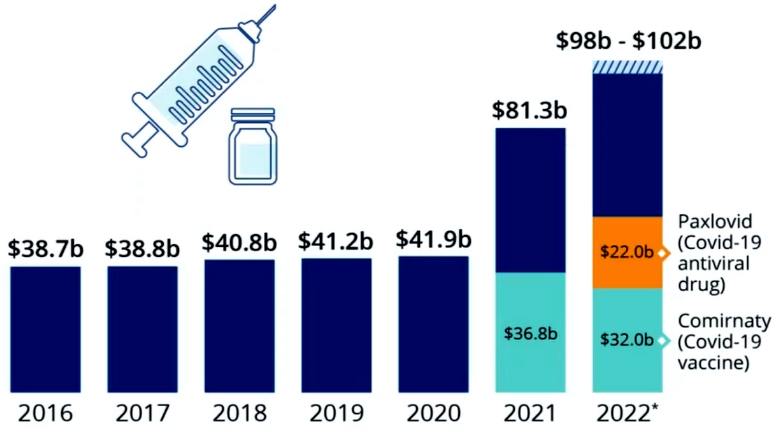
Latest Institutional Activity

31 of March 2022	THE VANGUARD GROUP, INC. Bought 14.2 Million shares of Pfizer Inc

- in “CNN Business, 6 June 2022.

Boosted by Covid-19 Drugs

Pfizer's annual revenue since 2016



* official guidance given February 8, 2022
Source: Pfizer

"Too much medicine is one of the greatest threats to public health. This is fuelled by the excesses and manipulations of the Pharmaceutical Industry, whose business model is fraud. Overcoming the 'psychopathic' entity that is the corporation will not happen without political action." - *Dr Aseem Malhotra, MD, Cardiologist, FB, 15 June 2022.*

Top AstraZeneca Shareholders

Top Mutual Funds Holding AstraZeneca PLC

Mutual fund	Stake	Shares owned	Total value ($)
Vanguard PRIMECAP Fund	0.84%	25,900,088	1,719,765,843
Vanguard Wellington Fund	0.49%	15,102,047	1,002,775,921
Vanguard PRIMECAP Core Fund	0.19%	5,893,900	391,354,960
Vanguard Equity Income Fund	0.19%	5,745,471	381,499,274

- in “CNN Business, 6 June 2022.

Top Moderna Shareholders

Top Owners of Moderna Inc.

Stockholder	Stake	Shares owned	Total value ($)
The Vanguard Group, Inc.	6.44%	25,612,184	3,442,533,651
BlackRock Fund Advisors	5.00%	19,891,757	2,673,651,058

Top Mutual Funds Holding Moderna Inc.

Mutual fund	Stake	Shares owned	Total value ($)
Vanguard International Growth Fun...	2.46%	9,903,909	1,331,184,409
Vanguard Total Stock Market Index...	2.37%	9,407,961	1,264,524,038
Vanguard 500 Index Fund	1.89%	7,630,876	1,025,666,043
Vanguard US Growth Fund	0.71%	2,874,667	386,383,991

- in "CNN Business, 6 June 2022.

Top Johnson & Johnson Shareholders

Top Owners of Johnson & Johnson

Stockholder	Stake	Shares owned	Total value ($)
The Vanguard Group, Inc.	8.67%	227,918,775	41,130,222,137
BlackRock Fund Advisors	4.83%	126,921,967	22,904,338,165
BlackRock Investment Management (...	0.98%	25,652,357	4,629,224,344

Top Mutual Funds Holding Johnson & Johnson

Mutual fund	Stake	Shares owned	Total value ($)
Vanguard Total Stock Market Index...	2.90%	76,248,879	13,759,872,704
Vanguard 500 Index Fund	2.17%	56,945,453	10,276,376,448
Vanguard Value Index Fund	0.84%	21,962,989	3,963,440,995
Vanguard Institutional Index Fund	0.75%	19,679,390	3,551,342,719
Vanguard Dividend Appreciation In...	0.61%	16,124,510	2,909,829,075

Latest Institutional Activity

31 of March 2022	THE VANGUARD GROUP, INC. Bought 3.6 Million shares of Johnson & Johnson

- in “CNN Business, 6 June 2022.

Top BioNTech Shareholders

Top Owners of BioNTech SE

Stockholder	Stake	Shares owned	Total value ($)
BlackRock Fund Advisors	0.64%	1,569,281	217,784,817

Top Mutual Funds Holding BioNTech SE

Mutual fund	Stake	Shares owned	Total value ($)
Vanguard Capital Opportunity Fund	0.90%	2,223,896	308,632,287
Vanguard US Growth Fund	0.20%	485,437	67,368,947

- in "CNN Business, 6 June 2022.

Top Brickell Biotech Shareholders

Top Owners of Brickell Biotech Inc

Stockholder	Stake	Shares owned	Total value ($)
The Vanguard Group, Inc.	2.61%	3,112,092	653,539
BlackRock Fund Advisors	0.18%	215,682	45,293

Top Mutual Funds Holding Brickell Biotech Inc

Mutual fund	Stake	Shares owned	Total value ($)
Vanguard Total Stock Market Index...	1.55%	1,853,966	389,333
Vanguard Extended Market Index Fu...	1.05%	1,250,058	262,512

Latest Institutional Activity

31 of March 2022	THE VANGUARD GROUP, INC. Bought 401.3 Thousand shares of Brickell Biotech Inc

- in “CNN Business, 6 June 2022.

Top BlackRock Shareholders

Top Owners of BlackRock Inc.

Stockholder	Stake	Shares owned	Total value ($)
The Vanguard Group, Inc.	7.88%	11,930,799	7,982,658,995
BlackRock Fund Advisors	4.65%	7,040,689	4,710,784,196

Top Mutual Funds Holding BlackRock Inc.

Mutual fund	Stake	Shares owned	Total value ($)
Vanguard Total Stock Market Index...	2.62%	3,963,810	2,652,105,995
Vanguard 500 Index Fund	2.04%	3,084,207	2,063,581,220
Vanguard Wellington Fund	0.90%	1,367,193	914,761,492

- in "CNN Business, 7 June 2022.

Top Vanguard Shareholders

Top Owners of American Vanguard Corp.

Stockholder	**Stake**	**Shares owned**	**Total value ($)**
BlackRock Fund Advisors	13.69%	4,219,499	104,137,235

Top Mutual Funds Holding American Vanguard Corp.

Mutual fund	**Stake**	**Shares owned**	**Total value ($)**
Vanguard Total Stock Market Index...	2.43%	749,948	18,508,717
Vanguard Extended Market Index Fu...	1.20%	370,335	9,139,868

- in “CNN Business, 7 June 2022.

Top New York Times Shareholders

Top Owners of New York Times Co.

Stockholder	**Stake**	**Shares owned**	**Total value ($)**
The Vanguard Group, Inc.	9.38%	15,630,921	539,110,465
BlackRock Fund Advisors	7.59%	12,650,991	436,332,680

Top Mutual Funds Holding New York Times Co.

Mutual fund	**Stake**	**Shares owned**	**Total value ($)**
Vanguard Total Stock Market Index...	2.75%	4,586,062	158,173,278
Vanguard Small Cap Index Fund	2.38%	3,973,812	137,056,776
Vanguard Small Cap Value Index Fu...	1.56%	2,592,160	89,403,598
Vanguard Extended Market Index Fu...	1.33%	2,213,207	76,333,509

- in "CNN Business, 7 June 2022.

McKinsey & Company

"For the world's best-known corporate-management consultants, helping tackle the pandemic has been a bonanza. It's not clear what the government has gotten in return. As the Miami Herald put it, echoing the local reaction in Florida-appropriate terms:

"They're just like the flags that lifeguards fly on their stands at the beach. Except more confusing."

Xavier Suarez, a longtime county commissioner and former Mayor of Miami, didn't see what had been gained by **pulling more than half a million dollars out of the county's pandemic-hit budget to hire McKinsey.**

"It just strikes me as a colossal waste of money." *- Suarez*

The firm's "archetypes" certainly hadn't added anything.

"I remember reading about archetypes in psychology when we covered Carl Jung. It sounds like just the right kind of sesquipedalian word, a consultant would come up with to try and sound smarter than you." *- Suarez*

- in "How McKinsey Is Making $100 Million (and Counting) Advising on the Government's Bumbling Coronavirus Response", ProPublica, 15 July 2020.

"McKinsey Proposed Paying Pharmacy Companies Rebates for OxyContin Overdoses. Court filings reveal consultants' talk of a records purge during the opioid crisis, and shed new light on sales advice." *- in "NYT", 27 Nov. 2020.*

"McKinsey & Company, the consultant to blue-chip corporations and governments around the world, has agreed to pay nearly $600 Million to settle investigations into its role in helping "turbocharge" opioid sales." *- in "NYT", 5 Nov. 2021.*

Who Pays Who
How Politicians Get Paid

How the money percolates (filter gradually through a porous surface or substance).

"Tony Blair Africa Governance Initiative.

The first grant was awarded in 2012 and in the ensuing 9 years **USD $21,905,111 (21.9 Million) has been awarded in grants from the Bill and Melinda Gates Foundation to Tony Blair Institute.**

In 2019, USD $3,472,939 (3.4 Million) was awarded, according to the Bill and Melinda Gates Foundations website:

"To support the design and operation of a multi-sector implementation unit in the Office of the President in Burkina Faso".

As well as USD $5,000,000 (5 Million) was awarded:

"To support the installation and governance of a new agriculture coordination hub located in the Office of the Nigerian Vice President, to guide and support the implementation of two pilot programs"

In 2020 (Lockdown Year) alone 6 individual grants were awarded which totalled USD $6,845,076 (6.8 Million)." - in "REVEALED: Tony Blair companies receive $22 Million from the Bill and Melinda Gates Foundation", Unity News Network, 16 February 2021.

> ***"Blair envisions a digital health certificate or passport that is recognized universally that combines vaccination and testing status." - Tony Blair, former British Prime Minister,*** *in* ***"Why Vaccine Passports Are 'Inevitable,' Explained By Tony Blair",*** *Forbes, 13 February 2021.*

"What must happen next to improve pandemic preparedness and response

Investments must be in the public's interest built for different vaccine platforms, together with diagnostics and treatments with production that can be scaled as needed.

Deliver financing that involves and serves every country

There should be an **agreement on a formula-based funding mechanism based on an ability to pay and a prioritisation of funds** that are additional to official development assistance.

The process should develop clear, strategic guidance on **what the Financial Intermediary Fund (FIF) will fund.**

It should prioritise **filling gaps in the current systems for preparedness** and response and generating global public goods.

Arrangements should be in place to finance both long-term preparedness and rapid response for pandemic threats, whether through a single fund or complementary mechanism.

The FIF should be linked to a leader-level pandemic preparedness and response governance body.

Build a stronger WHO and a new system for surveillance, detection, and alert

WHO should exercise authority to rapidly announce a potential pandemic threat should one arise before legal reform processes are concluded.

Work to create a modern surveillance system should be prioritised, as a system that mutually protects all countries and the world from pandemic threats. **Benefits should supersede national security concerns.**

Flexible funding, the increase in assessed contributions to 50% of the base programme budget, and the proposal for a replenishment process for WHO should be approved and implemented without delay.

A senior political leader-level council for pandemic preparedness and response should be established under the UN General Assembly.

Pandemic Preparedness and Response

The formalisation of a Universal Health Periodic Review (UHPR) should continue, and all governments should engage with the evolving process.

The International Monetary Fund (IMF) should implement the Independent Panel for Pandemic Preparedness and Response's proposal regarding Article IV consultations.

Governments must continue to invest in, build partnerships with, and listen to the perspectives of civil society for pandemic preparedness and response at every level.

This panel is from the Independent Panel for Pandemic Preparedness and Response's report Transforming or Tinkering?: **Inaction Lays the Groundwork for Another Pandemic." - David Miliband (former candidate for Labour Party leadership 2010), in "**International Rescue Committee, London, UK, "Transforming or tinkering: the world remains unprepared for the next pandemic threat", The Lancet, 28 May 2022.

Universal Health Periodic Review Mechanism

"The US on Friday hosted the second Global COVID-19 Summit.

The key points of its proposed amendments to reform the International Health Regulations are:

Establish a Universal Health Periodic Review mechanism; authorize the WHO to inform the world directly of risks when a state party is unwilling to provide verified information; a state party should state the reason if it refuses technical assistance from the WHO, and the WHO should notify all members of the situation; a state party should state the reasons for refusing to allow the WHO to carry out onsite assessments, and **the WHO should notify members of the situation; and establish a Compliance Committee to review state parties' compliance** with the agreement, and the WHO Secretariat should inform the WHA about all relevant actions each year." - in "US returning to lead world health", Taipei Times, 17 May 2022.

World Economic Forum

"I can see the day coming where a scientist will be able to control what a person sees in their mind's eye, by sending the right waves to the right place in their brain.

My guess is that most objections will be similar to those we hear today about **subliminal messages** in advertisements, **only much more vehement.**

This technology is not without its risks of misuse. It could be a revolutionary **healthcare** technology for the sick, or a **perfect controlling tool** with which the ruthless control the weak. This time though, **the control would be literal."** - Antoine Jérusalem, Professor University of Oxford, in "Mind control using sound waves? We ask a scientist how it works", **World Economic Forum, 7 November 2018.**

Your Life Doesn't Needs to be Happy Nor Meaningful

"Psychologists say a good life doesn't have to be happy, or even meaningful.

There's a another way to live a good life.

It isn't focused on happiness or purpose, but rather it's a life that's "psychologically rich."" - in **"World Economic Forum",** 24 August 2021.

I Own Nothing, Have No Privacy

"Welcome To 2030: **I Own Nothing, Have No Privacy** And Life Has Never Been Better. World Economic Forum. Contributor." **- Ida Auken, Member of Parliament Denmark, Young Global Leader and Member of the World Economic Forum, this blog was written ahead of the World Economic Forum Annual Meeting of the Global Future Councils, until 2014 was a member of the Socialist Peoples Party, after which moved to the Danish Social Liberal Party,** in "Forbes", 10 November 2016.

Ownership of the Health International System

"[A globalized world is best managed by a] "self-selected coalition of multinational corporations, governments (including through the UN system), and select civil society organizations (CSOs). [governments are no longer] the overwhelmingly dominant actors on the world stage [and that] the time has come for a new stakeholder paradigm of international governance analogous to that embodied in the stakeholder theory of corporate governance on which the World Economic Forum itself was founded. *The 1945 UN Charter explicitly identifies people, or society at large, as the ultimate stakeholder of international governance, notwithstanding the role sovereign states play as the central actors in the international system. The state-based core of the system needs to be adapted to a more complex, bottom-up world in which* ***nongovernmental actors have become a more significant force.***

But what is also required is a corresponding sense of ***ownership in the health of the international system by these very non-state stakeholders, which until now have tended, with the notable exception of certain NGOs, to leave such matters entirely to their national governments.***

Most importantly, these institutions should cultivate among their leaders before they become leaders a keener awareness of how the achievement of their objectives can be heavily influenced by conditions in various areas of the international system.

Those who educate and select leaders of political, business, academic, religious, media and other social institutions, particularly graduate education programmes and boards of directors and human resources departments, have the greatest responsibility in this respect. Their curricula and senior talent

development and promotion policies must reflect that they are cultivating not only leaders of functional organizations but also stewards of the international system and the contribution of their professional disciplines thereto." *- Klaus Schwab in " Everybody's Business: Strengthening International Cooperation in a More Interdependent World", Report of the Global Redesign Initiative, Under the patronage of the:* ***Government of Qatar, Government of Singapore, Government of Switzerland, Government of Tanzania****, World Economic Forum (WEF), 2010.*

A Silent Global Coup D'état To Capture Governance

"The groups' proposals all followed a similar very template - advocating for policies that liberalise trade, increase production, encourage corporate investment and help ***expand agroindustries control of food. They pointedly ignore issues of distribution and waste or the need for democratic access and control of land and food.*** *Moreover these groups* ***systematically sought to close down multilateral spaces, such as the UN Standing Committee on Nutrition (SCN)****, that actually examined these issues. The result is that we are increasingly entering a world where gatherings such as Davos are not laughable billionaire playgrounds, but rather the future of global governance.* ***It is nothing less than a silent global coup d'etat."*** *- in "Davos and its danger to Democracy", Transnational Institute, 18 January 2016.*

*“**We asked experts from our Global Future Councils for their take on the world in 2030,** and these are the results, from the death of shopping to the resurgence of the nation state. All products will have become services. “**I don't own anything. I don't own a car. I don't own a house. I don't own any appliances or any clothes”,** writes **Danish MP Ida Auken.** Shopping is a distant memory in the city of 2030, whose inhabitants have cracked clean energy and borrow what they need on demand. It sounds utopian, until she mentions that **her every move is tracked, and outside the city live swathes of discontents, the ultimate depiction of a society split in two.”** - in “8 predictions for the world in 2030”, Commissioning Editor, Global Agenda, World Economic Forum, 12 November 2016.*

"A scientist prophesies that by the year 2020 the inhabitants of the world will all be insane.

Some of us are inclined to think that today, **the world is one huge insane asylum, where the sane are kept in bondage by the insane.**

Or is it not an insane arrangement that which condemns the producers of all wealth to poverty, and delivers the wealth of society into the hands of those who have no part in its production?

Does it sound sane when truth is ostracised and hypocrisy considered a valid title-deed to respectability and public honour?

Would a society of sane people waste billions of dollars for the arts of destruction, and let millions of human beings waste their lives in enforced idleness, vice and crime, and other forms of material and mental and moral pauperism?

Our whole social system is a perversion of sound reason, truth and justice, and those striving to regenerate society on the basis of social justice and rational living are denounced as enemies of civilization, morality and good order.

Yet there is method in this madness; it yields wealth, profit, power to its foremost representatives.

This is the reason why **it is upheld regardless of its irrationality.**

But its end is drawing near in proportion as its victims learn to see through the game and refuse to be sacrificed to it.

The tendency of social development is not toward the fulfilment of that discouraging prophecy, but the other way.

The world will recover from its present mental derangement." - in "The Commonwealth", page 3, Everett, Washington, **29 January 1914.**

Jacinda Ardern

"In 2014, she was named a World Economic Forum Young Global Leader." *- in "Jacinda Ardern", jacinda.co.nz*

"The Bloomberg Global Business Forum (GBF), more than 70 **Heads of State,** and delegation from 6 continents, and over 200 **CEO's** came together to discuss shared issues and **mutual opportunities including trade, globalization, innovation, and competition, supported by several new public-private partnerships, investment announcements, and global agreements.**

Largest gathering of heads of state **outside a formal government summit in 2018 marked by several new public-private partnerships and initiatives related to technology, climate, gender equality, migration, and more.**

Following the plenary, world leaders and CEO's met in small breakout sessions to discuss new **ways to work together across government and business.**

The breakout sessions covered **global finance and the future investment outlook; economic migration, changing demographics, and youth employment; technological issues and opportunities; and major economic issues.**

Included in those conversations were **Jacinda Ardern, Prime Minister of New Zealand, Larry Fink, Chairman and CEO, BlackRock."** - in "Second Annual Bloomberg Global Business Forum Concludes with Government and Business Leaders Working Together to Promote Global Trade and Investment", Bloomberg, 26 September 2018.

"Prime Minister Jacinda Ardern as part of her trade and tourism trip to the US, also engaging with US powerhouse investment manager BlackRock. Ardern also made a brief visit to the UN Secretary General." *- in "Jacinda Ardern busy promoting NZ on US visit", 1News, TVNZ,* ***25 May 2022.***

> ***"Again, most are managed by Blackrock and Vanguard.*** *Keneally stressed to Margin Call that she had no control over the underlying shareholdings or influence over shares the funds invest in. As* ***Labor's*** *new senator for NSW, has left no stone unturned in her inaugural disclosure to the senators' register of pecuniary interests." - in "Kristina Keneally reveals all in inaugural Senate disclosure", The Australian, 22 March 2018.*

How to Buy a Profitable Company for Only 25% of its Share Value

"The cruise industry is closing out a year of extraordinary earnings, with several of the biggest companies enjoying their **best profit margins** in a decade.

A consensus of financial analysts who follow cruise lines is that Carnival Corp. will earn about **$2.69 Billion in a year.**

Through the first 9 months of its fiscal year, Carnival Corp. earned $2.06 Billion on revenue of $13.3 Billion, a net **profit margin of 15.5%."** - in "Cruise lines record best profits in a decade", Travel Weekly, **17 December 2017.**

CDC Foundation Together our impact is Greater

"Contributor of 5 or more consecutive years $50,000 and above:

Bill & Melinda Gates Foundation
GAVI
AstraZeneca PLC
Pfizer Inc.
Vanguard Charitable, The Vanguard Group, Inc.

Contributor of $1,000-$9,999:

BlackRock

- in "Our Donors", Fiscal Year 2020 Report to Donors, CDC Foundation Together our impact is Greater

Carnival Corp. Share Price 2 January 2020

Open Price	$51.35
Closing Price	$51.31

Carnival Corp. Share Price 31 March 2022

Open Price	$19.63
Closing Price	$20.22

*"**BlackRock Inc.** has filed a 13G form with the Securities and Exchange Commission (SEC) disclosing ownership of **50,009,395 shares of Carnival Corp (CCL).** This represents 5.1% ownership of the company." -in "BlackRock Inc. increases ownership in CCL/Carnival Corp., Fintel, **8 February 2022.***

*"**BlackRock discloses $861 Million stake in Carnival Corp. US investor is cruise company's third-largest stakeholder behind Vanguard Group and Public Investment Fund."** - in "Trade Winds", **11 March 2022.***

Top Carnival Corp. Shareholders

Latest Institutional Activity

31 of March 2022	**THE VANGUARD GROUP, INC. Bought 3.1 Million shares of Carnival Corp.**

Top Owners of Carnival Corp.

Stockholder	**Stake**	**Shares owned**	**Total value ($)**
The Vanguard Group, Inc.	8.78%	86,868,103	1,205,729,270
BlackRock Fund Advisors	3.71%	36,672,694	509,016,993

Top Mutual Funds Holding Carnival Corp.

Mutual fund	**Stake**	**Shares owned**	**Total value ($)**
Vanguard Total	2.48%	24,500,460	340,066,385

Mutual fund	Stake	Shares owned	Total value ($)
Stock Market Index...			
Vanguard Mid Cap Index Fund	1.93%	19,059,670	264,548,220
Vanguard 500 Index Fund	1.77%	17,490,319	242,765,628
Vanguard Mid Cap Value Index Fund	0.71%	7,062,619	98,029,152
Vanguard Value Index Fund	0.71%	6,987,392	96,985,001
Vanguard PRIMECAP Fund	0.62%	6,154,065	85,418,422

- in "CNN Business, 7 June 2022.

> ***"CDC Brings Back International Travelers.*** *The CDC - after much lobbying from the travel industry -* ***has decided to stop requiring covid tests for international travelers.*** *The rule will be dropped as of 12:01 a.m.* ***On 12 June 2022."*** *- in "CDC Has Big News for Royal Caribbean, Carnival, Cruise Industry", The Street, 10 June 2022.*

The Pox, The Small Pox, and The Cowpox Farce

“The Folklore of Cowpox. The Legend a Localized One. Origin of the Legend. A Second Theme for the Royal Society. Origin of the Name “Smallpox.” Origin of the Name “Pox.” Why the Pox so Called. Why Cowpox so Called. The Legend to be made Scientific. Jenner's Notions get Wind. His Paper Returned by the Royal Society. His Original Theory. The Evidence. A Sham Test. Cowpox not Fully Described. Implied Likeness to Smallpox. Called “Smallpox of the Cow.” No Reasons Given. Facts Suppressed. Significance of Royal Society's Action.

It is difficult to conceive what will be the excuse made for a century of cowpoxing; but it cannot be doubted that the practice will appear in as absurd a light to the common sense of the 20th century as blood-letting now does to us. Vaccination differs, however, from all previous errors of the faculty, in being maintained as the law of the land on the warrant of medical authority.

That is the reason why the blow to professional credit can hardly help being severe, and why the efforts to ward it off have been, and will continue to be so ingenious.

The longer the compulsory law is maintained, the more marked will the contrast become between public intelligence and professional dogma. As for the public, they may escape, as soon as they please, from being dragooned by an official authority which is neither very learned nor very liberal.

When the deliberate sense of the kingdom is known, as Burke says, “it must be prevalent. It would be dreadful indeed, if there were any power in the nation capable of resisting its unanimous desire, or even the desire of any very great and decided majority of the people. The people may be deceived in their choice of an object; but I can scarcely conceive any choice they can make to be so very mischievous as the existence of any human force capable of resisting it.” - Dr Charles Creighton MD, in “Jenner and Vaccination; A Strange Chapter of Medical History”, 1889.

FDA Approves First Vaccine to Prevent Smallpox and Monkeypox -2019

“The U.S. Food and Drug Administration announced today the approval of Jynneos Smallpox and Monkeypox Vaccine, Live, Non-Replicating, for the prevention of smallpox and monkeypox disease in adults 18 years of age and older determined to be at high risk for smallpox or monkeypox infection.

This is the only currently FDA-approved vaccine for the prevention of monkeypox disease.

This vaccine is also part of the Strategic National Stockpile (SNS), the nation’s largest supply of potentially life-saving pharmaceuticals and medical supplies for use in a public health emergency.

The availability of this vaccine in the SNS will help ensure that the vaccine is accessible in the U.S. if needed.” - in “FDA approves first live, non-replicating vaccine to prevent smallpox and monkeypox”, **FDA, 24 September 2019.**

The Money-Pox Pandemic - 2021

“In March 2021, the Nuclear Threat Initiative (NTI) partnered with the Munich Security Conference (MSC) to conduct a tabletop exercise on reducing high-consequence biological threats.

Conducted virtually, the exercise examined gaps in national and international biosecurity and pandemic preparedness architectures, and explored opportunities to improve capabilities to prevent and respond to high-consequence biological events.

Participants included 19 senior leaders and experts from across Africa, the Americas, Asia, and Europe with decades of combined experience in public health, biotechnology industry, international security, and philanthropy.

The exercise scenario portrayed a deadly, global pandemic involving an unusual strain of monkeypox virus that spread globally over 18 months.

By the end of the exercise, the fictional pandemic resulted in more than **3 Billion cases,** and 270 Million fatalities worldwide.

The Brinian government welcomes international outbreak investigations and requests medical support from the WHO.

Genome sequencing of monkeypox patient samples reveals that the strain contains mutations that make it resistant to existing vaccines.

We are grateful to Open Philanthropy.

The exercise and report would not have been possible without their generous support." - in "Strengthening Global Systems to Prevent and Respond to High-Consequence Biological Threats Results from the 2021 Tabletop Exercise Conducted in Partnership with the Munich Security Conference", NTI, November 2021.

Monkeypox Vaccination - 2022

"Monkeypox is a rare disease that is caused by infection with monkeypox virus, a **DNA virus.**

Monkeypox occurs sporadically in central and western parts of Africa's **tropical rainforest." -** in "Recommendations for the use of pre and post exposure vaccination during a monkeypox incident", GOV.UK, 20 May 2022.

Open Philanthropy

"Open Philanthropy has four categories of focus areas: Global Health and development, U.S. policy, global catastrophic risks, and science.

Grants include:

$17.5 million to Target Malaria, for gene-drive technology to control malaria-carrying mosquitoes.

$1 million to Population Services International for work on drug resistance to antimalarial medication.

Nearly $30 million to the Against Malaria Foundation.

$17.5 million to Sherlock Biosciences, for viral diagnostic tools.

About $38 million to the Johns Hopkins Center for Health Security.

$11.3 million to the University of Washington's Institute for Protein Design to develop a universal flu vaccine.

Grants within the science bucket include the areas of human health and wellbeing, scientific innovation, science supporting biosecurity and pandemic preparedness, transformative basic science, and other scientific research areas.

Funding for science was $40 million in 2017, with the intention of increasing "several times over the coming years". The money was given to 4 teams of scientists whose proposals had been rejected by the National Institutes of Health.

Grants include $6.4 million to Stephen Johnston and his team at Arizona State University to test a **cancer vaccine for middle-aged pet dogs."** - in "Wikipedia", 16 June 2022.

Chapter 13

Covid-19
The UN-Told Story Part 4

"Every answer given on principle of experience begets a fresh question." *- Immanuel Kant, in "Principle of Question Propagation", 1783.*

"If we can but prevent the government from wasting the labours of the people, under the pretence of taking care of them*, they must become happy." -* ***Thomas Jefferson****, to Thomas Cooper,* ***29 November 1802.***

"The virus is evolving, changing its behaviour." - Dr Tedros Adhanom Ghebreyesu, World Health Organization (WHO)*, in "BBC",* ***17 May 2022.***

"I tried to follow the science, but it was not there. I then followed the money, that's where I found the science."

"It is never right to do that which is evil that good may come!"

Covid Changes All Diseases... Honest!

"At one point last month, **children were admitted to Yale New Haven Children's Hospital with a startling range of 7 Respiratory Viruses,** they had:

- Adenovirus.
- Rhinovirus.
- Respiratory Syncytial Virus.
- Human Metapneumovirus.
- Influenza.
- Parainfluenza, as well as the;
- Coronavirus.

Which many specialists say is to blame for the unusual surges. "Some children admitted to the hospital were co-infected with 2 viruses, and a few with 3 viruses", Thomas Murray, infection-control expert, associate professor of pediatrics, at Yale. **More than 2 years into the coronavirus pandemic, familiar viruses are acting in unfamiliar ways.**

Rhinovirus, cause of the common cold, rarely sends people to the hospital. And the flu, which seemed to be making a comeback in December after being a no-show the year before, disappeared again in January once the omicron variant of the coronavirus took hold." - in **"Covid is making flu and other common viruses act in unfamiliar ways"**, Washington Post, 13 June 2022.

> ***"Generic Symptoms of Covid-19, are not a separate disease entity, they are not! Covid-19 is a made-up disease it's a confective disease (put together from varied material), it hinges on the PCR Test. Covid-19 is repackaged COPD, repackaged Renal Disease, repackaged anything. It's the frame that's put around pre-existing disease."*** *- Dr Kevin Corbett, PhD, MSc Nursing, in "The Viral Delusion", April 2022.*

The Rules Are Simple And We Keep Pretending To Believe Them

"We know they are lying, they know they are lying, they know we know they are lying, we know they know we know they are lying, but they are still lying." *- Aleksandr Isayevich Solzhenitsyn*

Covid Has Low Fatality Rate A Disease Mainly of the Elderly Like Flu

"The fatality rate, you know, we didn't understand, that it's a fairly low fatality rate, and that it's a disease mainly of the elderly, kind of like Flu." - Bill Gates*, in "How to Prevent the Next Pandemic", 92Y,* ***3 May 2022.***

Health Advice Suggests Flu Worse Than Coronavirus

"Mr Perrottet NSW Premier urged Australians to get their flu shot.

"In many cases at the moment, **the current strand of influenza is more severe than the current strands of Covid"**, he said.

Host Ben Fordham then interjected: **"So is it the health advice at the moment that there are current strains of the flu that are more dangerous than the current strains of Covid?"**

"Yeah. That's what we're saying. So the key points from our end: If you haven't had a flu shot, **go and get one because you know they work."**

Mr Perrottet said he was now **eligible for a 4th Covid shot**." - in **"NSW Premier stands by call to slash Covid isolation, saying some flu strains 'worse'"**, news.com.au, **18 July 2022.**

Sweden Approach Zero Covid - July 2020

"The curves are going down and the curves for the seriously ill are beginning to approach zero", the country's **chief epidemiologist Anders Tegnell** said on Tuesday, briefing journalists on the situation.

Sweden took a controversial approach to Covid-19, going against the prevailing line of reasoning and not imposing a mandatory national lockdown, relying on its citizens to take precautions instead." - in "Covid-19 stats of easy-going Sweden go down as post-lockdown Europe braces for virus comeback", RT, **29 July 2020.**

Sweden Approach Zero Covid - July 2021

"As the CDC urges Americans to mask up against the Delta variant, **Sweden's chief epidemiologist has argued that more data is needed about the strain's infectiousness.**

Daily hospitalizations have also hovered near zero in July.

On most days this month, the country saw between 0-2 Covid-cases requiring hospital treatment.

At the same time, daily cases have fallen sharply since April.

His mask-free nation is hovering at zero Covid deaths per day.

He pointed to the fact that one-third of the country's municipalities reported zero new Covid cases over the past week." - in "Mask-free Sweden nears zero daily Covid deaths as chief epidemiologist warns against 'far-reaching conclusions' about Delta strain", **31 July 2021.**

The 3 Key Points of The Covid-19 So-Called Pandemic

I. Covid-19 Fatality Rate is Low

*"**The fatality rate, you know, we didn't understand, that it's a fairly low fatality rate,** and that it's a disease mainly of the elderly, kind of like Flu." - Bill Gates, in "How to Prevent the Next Pandemic", 92Y, 3 May 2022.*

II. A Disease Mainly of the Elderly

*"The fatality rate, you know, we didn't understand, that it's a fairly low fatality rate, and that **it's a disease mainly of the elderly**, kind of like Flu." - Bill Gates, in "How to Prevent the Next Pandemic", 92Y, 3 May 2022.*

III. Like Flu

*"The fatality rate, you know, we didn't understand, that it's a fairly low fatality rate, and that it's a disease mainly of the elderly, **kind of like Flu."** - Bill Gates, in "How to Prevent the Next Pandemic", 92Y, 3 May 2022.*

*“**Cases of the Flu are spiking around the country** after the virus was forced underground for 2 years thanks to tight COVID-19 restrictions. Now the borders are open, restrictions have eased drastically, and an expert says **cases have gone from “zero to full-on”.***
So, how do I know if I have COVID or the flu?
It's really, really hard to know the difference from symptoms alone without a designated flu test.
That's because the symptoms are so similar.
With the exception of the loss of taste and smell in the case of COVID, the symptoms of the two are very similar.
“It's hard to know without a lab or good-quality Test.
***When you look at crude numbers, most of the time SARS-CoV-2 is not going to kill you, and most of the time influenza is not going to kill you, and it's not going to put you in ICU”**, says University of Queensland virologist Ian Mackay.” - in “Flu cases are spiking, so how do I know if I have COVID-19 or influenza?”, ABC News Australia, 24 May 2022.*

Vitamin D can Reduce Severe Risk of Infection, and Death in Covid patients with Pulmonary Symptoms

> ***"Vitamin D deficiency has been linked to a rapidly expanding inventory of ailments including the common cold."*** *- in "Another reason vitamin D is important: It gets T cells going", Scientific American, 7 March 2010.*

"People with low levels of vitamin D were more likely to catch Cold and Flu, than folks with adequate amounts.

The effect of the vitamin was strongest in people with Asthma and other Lung Diseases who are predisposed to Respiratory Infections.

People with the worst vitamin D deficiency were 36% more likely to suffer Respiratory Infections, than those with sufficient levels (Archives of Internal Medicine).

Among asthmatics, those who were vitamin D deficient were 5 times more likely to get sick than their counterparts with healthy levels.

The risk of Respiratory Infection was twice as high among vitamin D-deficient patients with Chronic Obstructive Pulmonary Disease (COPD), than in lung patients with normal levels of the vitamin.

Healthy adults, who typically get 2 colds a year, might suffer an extra 1 if they're vitamin D deficient.

For people with Asthma or COPD, who get around 4 or 5 colds annually, lack of vitamin D might tack on additional infections." - in **"Vitamin D deficiency linked to more colds and flu"**, Scientific American, 23 February 2009.

"Upper Respiratory Tract Infection (URTI), or the "common cold," is the most widespread infectious disease and the most common reason for US emergency department visits and unscheduled outpatient visits.

Most adults in the United States experience 2 to 4 URTIs per year, and most children experience 6 to 10 per year, which carries enormous population morbidity due to the high incidence of disease and disruption caused by symptoms.

In conclusion, serum 25(OH)D levels have an independent, inverse association with recent URTI.

Although 25(OH)D levels less than 30 ng/mL **and URTI were higher in the winter season, the inverse association was present throughout the year.**

Vitamin D supplementation may reduce the incidence of URTI and exacerbations of respiratory tract diseases." - in "Association Between Serum 25-Hydroxyvitamin D Level and Upper Respiratory Tract Infection in the Third National Health and Nutrition Examination Survey", Archives of Internal Medicine, 23 February 2009.

"Calcifediol significantly decreased the need for ICU admission in COVID-19 patients in a way not previously reported in this process until now.

From a mechanistic perspective there are good reasons to postulate that vitamin D endocrine system favourably modulates host responses to severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), **both in the later hyperinflammatory and early viraemic phases** of COVID-19, **as outlined in our previous review "Vitamin D receptor stimulation to reduce acute respiratory distress syndrome (ARDS) in patients with coronavirus SARS-CoV-2 infections: Revised Ms SBMB 2020_166",** The Journal of Steroid Biochemistry and Molecular Biology, September 2020).

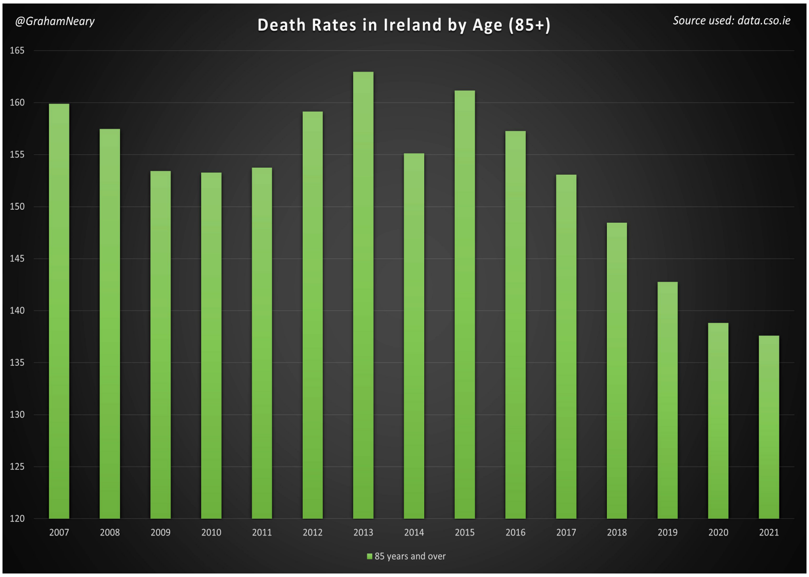
Of the patients treated with calcifediol, none died, and all were discharged, without complications.

In conclusion, our pilot study demonstrated that administration of Calcifediol (vitamin D3) may improve the clinical outcome of subjects requiring hospitalization for COVID-19." - in "Effect of calcifediol treatment and best available therapy versus best available therapy on intensive care unit admission and mortality among patients hospitalized for COVID-19: A pilot randomized clinical study", Journal of Steroid Biochemistry and Molecular Biology, October 2020.

How We Counted Covid-19 Deaths in Ireland

“In Ireland, we counted all deaths, in all settings, suspected cases even when no lab test was done, and included people with underlying terminal illnesses, who died with Covid but not of it.” *- Leo Varadkar, Deputy Head of the Government of Ireland, in “Twitter”, 3 July 2020.*

“Excess deaths in Ireland from March to June were “substantially” less than the Officially Reported Covid-19 figures*, analysis from the Health Information and Quality Authority has found.” - in “Excess deaths 'substantially' less than Covid-19 figures – HIQA”, RTE, 6 July 2020.*



Source: *Central Statistics Office, Ireland*

"Covid-19 coincided with Ireland's 85+ population, achieving their lowest ever death rates in each of the past 2 years. An amazing result in the circumstances." *- Graham Neary, in "@GrahamNeary", Twitter, 2 June 2022.*

"I would suggest the reason we still have a problem is because ***we're doing things that are not useful, and we're getting our sources of information from the State Board of Health, and the CDC, who actually don't bother to read science before they do this.*** *I'm a Functional Family Medicine Physician, that means I am specially trained in immunology and inflammation regulation, and* ***everything being recommended by the CDC, and the State Board of Health is actually contrary to all the rules of science."*** *- Doctor Dan Stock, MD, Mt Vernon, Indiana, in "13WTHR", 10 August 2021.*

"Children's heart disease worsened sharply after vaccination. The number of sudden deaths of children is rising, and the media remains silent. The greatest crime ever committed by the Irish government *will not be hidden from the Irish people. As of 24 March 2022, VAERS had received* ***2,323 reports of heart inflammation among people aged 30 years and younger who received the vaccine."*** *- in "The Irish Light", June 2022.*

Scientists and Officials with Competing Interests in Companies that Manufacture Covid Diagnostic Tests Treatments and Vaccines

"Science is being suppressed for political and financial gain. Covid-19 has unleashed state corruption on a grand scale, and it is harmful to public health. Politicians and industry are responsible for this opportunistic embezzlement. So too are scientists and health experts. Politicians and governments are suppressing science. They do so in the public interest, they say, to accelerate availability of diagnostics and treatments." *- in* ***"Covid-19: politicisation, "corruption," and suppression of science"****, BMJ, 13 November 2020.*

The Epistemic Authority Attributed to Medical Experts

"In the 2020 Covid-19 pandemic, Medical Experts:

- Virologists
- Epidemiologists
- Public Health Scholars
- Statisticians alike

Have become instrumental in suggesting policies to counteract the spread of coronavirus.

Almost no one has questioned the suggestions that these experts have advised policymakers to implement.

Quite often the latter explicitly sought experts advice and justified unpopular measures (e.g., restricting people's freedom of movement) by referring to the epistemic authority attributed to experts.

Not all expert recommendations need to be automatically implemented, as some recommendations include axiological and regulatory elements that **should be justified in the political process, not only epistemically but also normatively.**

The decision-making process should be civil, participatory in character, and perhaps even political, **without giving up the criteria of competence and rationality."** - in **"The Role of Experts in the Covid-19 Pandemic and the Limits of Their Epistemic Authority in Democracy"**, Frontiers in Public Health, 14 July 2020.

"Blind belief in authority is the greatest enemy of truth." *-*
Albert Einstein, in Letter to Jost Winteler, 1901.

The Fabricated Pandemic

On the 14 March 2022, the CDC **removed 72,277 Covid deaths** from the tally, including 24% of those attributed to children under 18.

They claim a **"coding logic error"**, a **faulty algorithm**, had "accidentally" **counted deaths that weren't related to Covid.**

"My take on Covid-19 and SARS-Cov-2 was, I see HIV and AIDS, as the trial run really for Covid-19.

Covid-19 is the new AIDS.

There were a lot of similarities to those days in 1980's:

The fear and the hysteria that we had since January this year, the contagion fear from the government, the fear that was put out in the propaganda from the government, that everybody's infected potentially and everybody can transmit it.

This contagion fear was very similar to the fear that happened in the 1980's.

The Medical Technology is very similar, and the symptoms, the way that with AIDS they grouped pre-existing diseases under category of HIV disease, was very similar to what they've done today with Covid-19, with **common symptoms like cough, sore throat, temperature have been bracketed as a new disease Covid-19.**

When in fact their common symptoms, common experiences of everybody in the population, nothing new.

But they've been bracketed this year as something brand new, due to a new "virus".

This is very similar to the 1980's, you had these tests, these Antibody Tests for HIV, which labelled people, and once people were labelled they suffered further medical scrutiny, so everything about them became suspicious a cough, a sore throat, a shortness of breath, common cold, it would be labelled HIV disease.

And I saw lots of people in that unit I worked in at the Middlesex Hospital who were brought in who were labelled AIDS, who had quite **common symptoms of other conditions**, and they were then given AZT and other very toxic drugs, experimental medications, very quickly without much consideration, these are fast-track drugs, many of them were given unlicensed.

And those are the similarities to what we're seeing today with the SARS-COV-2, so-called "virus", that they say causes Covid-19.

Very similar to HIV, in the sense that **no viral isolate has really been shown to exist with this virus.**

And in fact in January this year when Public Health England wrote the paper: "Detection of 2019 novel coronavirus (2019-nCoV) by real-time RT-PCR", with the other European agencies to develop the test methodology for the Covid PCR, they didn't have a viral isolate from any patient, and that is in the paper.

> *"The present report describes the establishment of a diagnostic workflow for detection of an emerging virus* ***in the absence of physical sources of viral genomic nucleic acid."***

They said no patient isolates, no viral isolation from patients was used to create this test, so **very similar to HIV in the 80's.**

There was no viral isolates, they developed sequences, genetic sequences, they developed the antibody tests on those manufactured sequences, and we're in the same situation." - Dr Kevin Corbett, RN, in "Dr Kevin Corbett Interview", Northern Exposure, 4 October 2020.

> ***"2022 must be the end of the #COVID19 pandemic."*** *- Tedros Adhanom Ghebreyesus, in "World Health Organization (WHO)", Twitter,* ***22 December 2021.***

"The data from South Korea, where tracking the corona virus has been by far the best to date, indicate that as much as ***99% of active cases in the general population are "mild" and do not require specific medical treatment.*** *The small percentage of cases that do require such services are highly concentrated among those age 60 and older, and further so the older people are. Other things being equal, t****hose over age 70 appear at three times the mortality risk as those age 60 to 69, and those over age 80 at nearly twice the mortality risk of those age 70 to 79.*** *The* ***deaths have been mainly clustered among the elderly, those with significant chronic illnesses such as diabetes and heart disease."*** *in "Is Our Fight Against Coronavirus Worse Than the Disease?" - The New York Times, 20 March 2020.*

Imperial College Predicted Catastrophe in Every Country on Earth; Then The Models Failed

"They also failed to anticipate Covid-19's course in almost every country in the world, irrespective of the policy responses taken. Time and time again, the Ferguson team's models dramatically overstated the death toll of the disease, posting the worst performance record of any major epidemiology model. *After a year,* ***some of the ICL predictions reach farcical territory. Their forecast of 179,000 deaths in Taiwan, which never locked down,*** *was off by 1,798,000% (as of this writing,* ***Taiwan has just 12 Covid-19 deaths). A similar story played out in other countries that eschewed the lockdown approach for the first year of the pandemic."*** *- in "Imperial College Predicted Catastrophe in Every Country on Earth. Then the Models Failed", Independent Institute", 28 June 2021.*

Experts Had Too Much Power

"Rishi Sunak has said the government gave too much power to scientists during Covid lockdowns - and was not honest about the potential downsides. *Former Chancellor told the Spectator ministers were* ***banned from talking about the "trade-offs" involved.*** *He said* ***it was "wrong to scare people" with posters showing Covid patients on ventilators.*** *Ministers were also told not to discuss the potential downsides in interviews.*
"The script was not to ever acknowledge them.
The script was: ***'Oh there's no trade-off, because doing this for our health is good for the economy."***
Ministers were not given enough information to scrutinise analysis produced by official scientific advisers on the Scientific Advisory Group for Emergencies (SAGE), *and* ***internal opposition to certain measures from advisers was not reflected in official minutes of meetings."***
Prof Graham Medley, who chaired a SAGE sub-committee during the pandemic, said its meetings were "about the science, not the policy options," and the minutes reflected "scientific consensus at the time". *- in "Experts had too much power over Covid lockdowns", BBC, 26 August 2022.*

SAGE COVID-19 Register of Participants' Interests

"SAGE participants are required to declare any personal or business interests relevant to the SAGE meetings they attend. This register provides details of these interests.
Prof Graham Medley, *who chaired a SAGE sub-committee during the pandemic:* ***Recipient of research grant income, Bill and Melinda Gates Foundation****, United States Agency for International Development (USAID)." - in "SAGE COVID-19 Register of Participants' Interests", 2020.*

The Political Farce

"As we reflect on the past 2 years that we've had I think there is reason for us to be celebrating, the fact that Canadians not just in this community but across the country came together to support each other to be there for each other through the difficult years of the pandemic, people made sacrifices, people stepped up to support each other be there for neighbours to be there for our most vulnerable, to be there for our frontline health workers.

And **Canadians saw each other through this pandemic better than anyone could have imagined.**

But it was still really difficult particularly for you kids, who instead of being able to go outside and play with friends, the way you'd want to instead of going to birthday parties and sleepovers you had to do your homework by the kitchen table, you had to do extra work to help out mom and dad when they were working at home this was a difficult year, **and all of you as kids made real sacrifices**, and you are part of the reason why we got through this well because you were great.

So I want all the adults in the room to right now give a huge round of applause to all the amazing kids who are here, you guys are inspiring, **and for the rest of your lives you will remember this time of pandemic** as a time where, yes we gathered with families but also where you learned that what you do as an individual matters to the entire community the entire world **every time you wash your hands, every time you wore a mask, every time you stayed safe, and stayed home, you were making things better** for your neighbours you were sacrificing for the good of all and that lesson that you learned through this pandemic even as you did miss out on all sorts of things that we're going to try and get back as quickly as possible.

You also developed a sense of community and strength through **that isolation of what really matters that is going to serve us all as a country in the coming years.**" - Justin Trudeau, Prime Minister Canada, Ontario 20 April 2022.

The Image that Captures the Wuhan Coronavirus Crisis: A Man Lies Dead in the Street

> ***"It is an image that captures the chilling reality of the coronavirus outbreak in the Chinese city of Wuhan:** a grey-haired man wearing a face mask lies dead on the pavement, a plastic shopping bag in one hand, as police and **medical staff in full protective suits and masks** prepare to take him away." - in "A man lies dead in the street: the image that captures the Wuhan coronavirus crisis", The Guardian, 31 January 2020.*

> ***"Coronavirus: Man found dead in street in face mask in shocking image. Officials in hazmat suits** deal with body found alone on city centre pavement." - in "Independent", 31 January 2020.*

"Police in hazmat suits yesterday surrounded the body of a man who was found dead on the pavement at ground zero of China's virus epidemic.

The grey-haired man collapsed and died while wearing a face mask on a street in Wuhan, a city of 11 Million people which is under quarantine amid the coronavirus crisis.

Death toll has risen to 213 after world health bosses declared global emergency.

It is feared that the virus caused the man's death, and the reaction of police and medical staff in forensic suits highlighted the fear pervading the city." - in "Dead in the streets: Appalling sight of man's body on the pavement lays bare the crisis in coronavirus ground zero Wuhan", The Daily Mail, 31 January 2020.

The Scenes Have Not been Replicated Anywhere Else, Confirming that It Was All a Lie And Propaganda

“Do you remember the scenes broadcast on the mainstream news channels, and plastered across the front pages at the start of 2020?

Infamous images of Chinese medical officials in hazmat suits collecting bodies off the pavements of Wuhan, where we were told they had collapsed and died in the street because of a new strain of coronavirus, now knows as COVID-19.

The scenes have not been replicated anywhere else, confirming that it was all a lie and propaganda, used to whip up the hysteria and justify the introduction of medical tyranny across the world, in the name of preventing the spread of COVID-19.” - in “India’s “Covid Crisis” has been hijacked – The Mainstream Media are lying to you”, The Exposé, 25 April 2021.

Patients On Invasive Mechanical Ventilation 97% Died

"In The Lancet, Fei Zhou and colleagues provide further insight into the clinical course and mortality risk for adults with COVID-19 severe enough to require hospitalisation.

They report findings from 191 patients with COVID-19 from Wuhan during the first month of the outbreak.

The follow-up until discharge or death is a point of difference from other case series to date.

Their cohort had many characteristics in common with other reports — a median age of 56·0 years (IQR 46·0–67·0), and nearly half (48%) of patients with comorbidities.

In-hospital death was associated with, on admission, older age (odds ratio 1·10, 95% CI 1·03–1·17; p=0·0043), a higher Sequential Organ Failure Assessment score (5·65, 2·61–12·23; p<0·0001), and blood d-dimer greater than 1 μg/mL (18·42, 2·64–128·55; p=0·0033), **findings known to be associated with severe pneumonia.**

Among the 32 patients requiring invasive Mechanical Ventilation, of whom 31 (97%) died." - in "Clinical course and mortality risk of severe COVID-19", The Lancet, **17 March 2020.**

The Ventilators Covid-19 Treatment Farce

> *"The largest study so far to look at mortality among coronavirus patients on ventilators was done by the Intensive Care National Audit & Research Centre in London. It found that* ***among 98 ventilated patients in the U.K., just 33 were discharged alive.*** *The numbers from a study of Wuhan, China, are even grimmer.* ***Only 3 of 22 ventilated patients survived. A study of 18 ventilated patients in Washington state found that 9 were still alive when the study ended."*** *- in "Ventilators Are No Panacea For Critically Ill COVID-19 Patients", NPR,* ***2 April 2020.***

In the Wuhan Study 30 of 37 Patients on Mechanical Ventilation Died

“Survival rate data for critically ill COVID-19 patients who are mechanically ventilated have concerned doctors.

In the Wuhan study of 52 patients diagnosed with COVID-19, **only 7 out of 37 who were put on to mechanical ventilation were alive after 28 days** in intensive care.” - in “Ventilators: a bridge between life and death?”, UNDERSTANDING COVID-19, Reuters, **22 April 2020.**

The Dexamethasone Farce

“Within just 15 days, nearly 1,000 patients from 132 different hospitals (in the United Kingdom) were already recruited, and in the coming weeks it is expected that many thousands more patients will participate in the study for the randomized evaluation of COVID-19 therapy, abbreviated RECOVERY.

This study represents the largest randomized controlled trial of potential COVID-19 treatments in the world.

A number of drugs will be tested in the study.

These include: Lopinavir ritonavir (Kaletra), (the anti-inflammatory drug) **Dexamethasone**, hydroxychloroquine.” - in “World's largest trial of potential coronavirus treatments rolled out across the UK”,Department of Health and Social Care, GOV.UK, **3 April 2020.**

World First Coronavirus Treatment

“**Dexamethasone**, an anti-inflammatory drug, has been immediately **approved to treat all UK hospitalised COVID-19 patients requiring oxygen, including those on ventilators.**

Funded by the UK government, via the **National Institute for Health Research (NIHR) and UK Research and Innovation (UKRI), the Oxford University UK RECOVERY** trial is the first clinical trial anywhere in the world to show a treatment provides significant impact in reducing patient mortality.

Deputy Chief Medical Officer, Professor Jonathan Van-Tam, said:

The RECOVERY trial is an outstanding example of the UK leading the world with an impressive study capable of delivering robust answers to critical questions.

Although these data have not yet been peer-reviewed.

The UK is a world leader in global science and medicine industries.

This British trial will now affect the global response to this pandemic.

This breakthrough has only been made possible through the rigour of world-class and world-leading British life-sciences.

The government backed British science from the very beginning of this pandemic and today has proven that this was the right call.

The vital information collected by UK researchers will also be used by other countries to reduce mortality rates worldwide.

The type of drug was initially suggested by the government’s expert advisory committee, the New and Emerging Respiratory Virus Threats Advisory Group (NERVTAG).

It was then trialled successfully by RECOVERY.

Support from the NIHR Clinical Research Network (CRN) and letters from the UK Chief Medical Officers and NHS England Medical Director Professor Stephen Powis helped to drive recruitment." - in "World first coronavirus treatment approved for NHS use by government", Department of Health and Social Care, UK, GOV.UK, 16 June 2020

Dexamethasone List of Adverse Side Effects

"The exact incidence of the adverse effects of dexamethasone are not available, hence estimates have been made as to the incidence of **the adverse effects below based on the adverse effects of related corticosteroids and on available documentation on Dexamethasone.**

Common Side Effects:

Acne
Amnesia
Birth defect
Cataract (in cases of long-term treatment, it occurs in about 10% of patients)
Confusion
Depression
Dyspepsia
Euphoria
Headaches
Hiccups (in cases of long-term treatment, it occurs in about 11% of patients)
Hyperglycemia
Hypertension
Impaired skin healing and wound repair
Increased appetite
Increased risk of viral, bacterial, fungal, and parasitic infections
Insomnia

Irritability
Malaise
Muscle atrophy and myopathy
Nausea
Ocular hypertension
Osteoporosis
Vertigo
Vomiting
Weight gain

Side Effects of Unknown frequency:

Abdominal distension
Adrenal suppression
Allergic reactions (including anaphylaxis)
Arterial thrombosis
Aspergillosis
Bruising
Candidiasis
Cardiomyopathy
Cleft palate
Corneal or scleral thinning
Cushing's syndrome
Edema
Esophageal ulcer
Facial plethora
Glaucoma
Growth stunting (in children)
Herpes zoster
Hypernatremia
Hypertriglyceridemia
Hypocalcemia
Hypokalemia
Intracranial hypertension (long-term treatment)
Leukocytosis
Mania
Mucormycosis
Pancreatitis (inflammation of the pancreas)
Papilledema
Peptic ulcer

Protein catabolism (causing nitrogen depletion)
Psychological dependence
Psychosis
Seizures
Skin atrophy
Striae
Telangiectasia
Thromboembolism
Venous thrombosis
Vertebral collapse

Withdrawal of Dexamethasone

Sudden withdrawal after long-term treatment with corticosteroids can lead to:

Adrenal insufficiency
Arthralgia
Conjunctivitis
Death
Fever
Hypotension
Myalgia
Nodule (medicine) (painful, itchy skin condition)
Rhinitis
Weight loss." - in "Wikipedia", 16 September 2022.

Dexamethasone a Factor in the Long Covid Farce

"On the Intensive stations there are many patients who are indeed suffering from Influenza.

And I asked him:

> ***"Would you treat an Influenza with Dexamethasone?***

And he said:

> ***"No, of course not, because you get Severe Bacteria, and Super Infections afterwards, and Severe Diseases."***

So, I'm afraid that we still have this misleading Test (PCR), that disguises everybody as a Covid-19 patient that gets this treatment Dexamethasone, that could be the Long Covid, that what you say Long Covid, if you treat influenza with Dexamethasone, that's counterproductive, as well they get severe disease, if they survive it.

Covid-19 that's not a new disease what we are talking about it's Pneumonia it's not a new disease." - Dr Claus Koehnlein, MD in "The Viral Delusion", April 2022.

Dexamethasone Saved 1 Million Lives Worldwide Farce

"Dexamethasone, a and widely available steroid, has saved around 1 Million lives worldwide since its discovery as an effective treatment for COVID-19 in a clinical trial in the NHS.

New figures, published today, show that use of the drug has so far saved 22,000 lives in the UK, and an estimated 1 Million worldwide." - in **"COVID treatment developed in the NHS saves a million lives", NHS, 23 March 2021**

> ***"Today marks the one-year anniversary of Dexamethasone being rolled out in the NHS, the world's first coronavirus treatment proven to reduce the risk of death.***
> ***Finding dexamethasone has been a true success of British research & has led to over a million lives saved worldwide." - Matt Hancock, Secretary of State for Health and Social Care, UK, in "Twitter", 16 June 2021.***

The Harmful Effect of Dexamethasone

"We designed an open-label RCT studying the effectiveness and safety of treatment with Dexamethasone in preventing the development of severe COVID-19 requiring hospitalisation, for which we first started a pilot phase (ClinicalTrials.gov, NCT04746430).

We would like to share the results of the pilot, because they point towards a potential harmful effect of treatment with Dexamethasone.

In participants who were hospitalised but who did not require oxygen therapy at admission, the RECOVERY-trial found **no survival benefit of corticosteroids.**

An Italian study that assessed the degree of acute respiratory distress syndrome (ARDS) by measuring the ratio of arterial oxygen partial pressure to fractional inspired oxygen in **511 COVID-19 patients at admission reported a detrimental effect of corticosteroids treatment on 28-day mortality in patients with mild or no ARDS."** - in "A potential harmful effect of dexamethasone in non-severe COVID-19: results from the COPPER-pilot study", ERJ Open Research, 1 April 2022.

The Clowns Entertaining the Injured in Britain

"The clowns entertaining the injured in Britain's battle with the coronavirus are Dr Peter Horby, and Dr Martin Landray, who are running Oxford University's Recovery Trial.

Horby is the executive director of the International Severe Acute Respiratory and Emerging Infection Consortium, which received £4.5 Million pounds for research into vaccines and he established the Epidemic Research Group, which is promised up to £14 Million pounds from AstraZeneca and Zuckerberg/Chan of Facebook fame for the development of a Covid-19 vaccine, which is being trialled by Oxford University.

AstraZeneca, as it happens, is interested in merging with Gilead Sciences, which, if it went through, would create the biggest Big Pharma ever." - in "Bring on Britain's corona clowns: Big Pharma laughs all the way to the bank", Spectator Australia, 20 June 2020.

Commonly Prescribed Medicines Amplify the Effect of Viruses

"Recent experiments performed by researchers at NTNU, the Norwegian University of Science and Technology, and Universities in Estonia and Finland have shown that, Commonly Prescribed Medications that are used for common illnesses:

> ***"Some of the medicines amplify the effect of viruses in the cells."*** *- Professor Denis Kainov, NTNU's Department of Clinical and Molecular Medicine, Norway.*

- in **"Active Components of Commonly Prescribed Medicines Affect Influenza A Virus–Host Cell Interaction", Norwegian University of Science and Technology**, 9 July 2021.

This Crisis Will Be with Us Until We Have Found A Remedy

"We know is that we will end up with many more Unemployed.

And particularly also people in the Grey Economy, which are not counted for **who lose a jobs.**

So, we will see definitively a lot of anger, already now, but probably increase by the end of the year (2020).

This crisis will be with us until we really have found a remedy.

So, we have to prepare for a more angry world, and how to prepare it means to take the necessary action to create a fairer world **to see that we provide everybody with decent access to the Health System.**

So, that we make sure that those people who are really left behind, and **I'm not speaking only on national levels, I'm speaking also internationally.**

I don't have too many Remedies, **the Remedies have to be discussed through dialogue by the Stakeholders of our Global System.**

I just see the need for such a dialogue, and I see the need for action, **I see the need for a great reset.**

We know that there's quite some impact on different industries, we know that certainly the Health Industries, the Digital Industry will go out of this crisis strengthened, but we know that many industries which rely particularly on physical interaction will have difficulties to survive." - Klaus Schwab, World Economic Forum (WEF), in "CNBC International TV", **14 July 2020.**

Only Way Out of Pandemic will be Economy that Fights Inequality

"In conversation with the WEF Founder and Executive Chairman Klaus Schwab, the French President Emmanuel Macron said:

> ***"We will get out of this pandemic only with an economy that fights inequality."***

- in "Only way out of pandemic will be economy that fights inequality: Emmanuel Macron", The Economic Times, 26 January 2021.

Canada Pilot Project for Trusted Traveller - 2018

"The "Known Traveller Digital Identity" (KTDI) project aims to build an encrypted, biometrically-protected profile that air travellers can show at border checks to demonstrate that they are a low risk to national security.

Canada and the Netherlands are partnering up to run a KTDI pilot project this year for individuals travelling between the two countries, with broader rollout coming as soon as 2020.

The Canadian government is championing the project in collaboration with the Dutch, as well as the tech firm Accenture and the World Economic Forum.

Several other major stakeholders are also involved." - in **"Canada Leading Pilot Project for Trusted Traveller Smartphone App"**, CTV News, **12 February 2018.**

World ID Travel - 2020

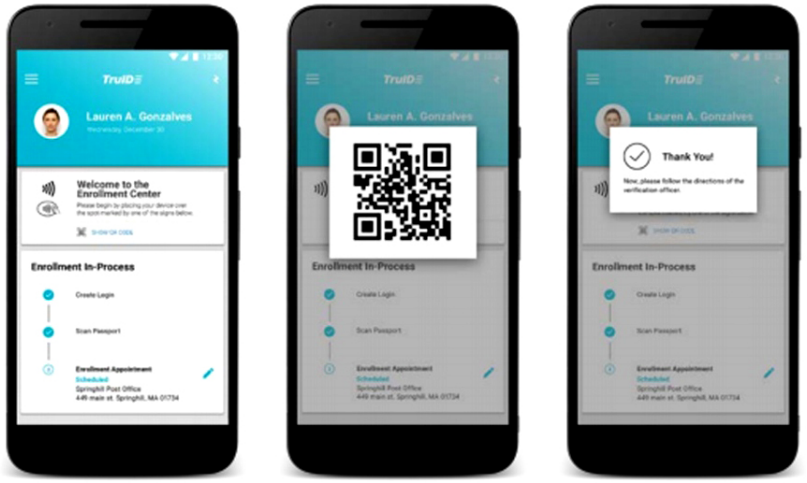
"Restore travel confidence and ensure traveler and citizen safety through a solution to enable secure sharing of health credentials.

World ID is a platform that allows individual pre-travel health assessment, ensuring compliance with entry rules while minimizing infection risk and **enabling a safer restart to travel.**

Through a secure app on their personal device, travelers can share their health and other information relevant to their ability to travel.

An open, flexible and extensible solution built on a next-gen technology platform, **shaped by deep industry expertise across health, travel, governments, borders.**

Proven in the World Economic Forum (WEF), "Known Traveler Digital Identity" (KTDI) project, for passportless cross-border travel." - in "World ID Travel", **Accenture, 10 December 2020.**


TruID
Lauren A. Gonzalves
Welcome to the Enrollment Center
Enrollment In-Process
Create Login
Scan Passport
Enrollment Appointment
Scheduled
Springhill Post Office
449 main st. Springhill, MA 01734
Thank You!

An example of the "Known Traveller Digital Identity App" is shown in this image from a document posted by the World Economic Forum (WEF)

Now compare this "Known Traveller Digital Identity App", with the "Covid-19 Vaccine App", which includes all your personal information such as Health, Economic, Social including Criminal Information.

NHS Vaccine Passports - 2021

"Using Vaccine Passports also necessarily increases surveillance, seeing as you'll need to prove that the vaccine certificate on your phone truly belongs to you.

The latest privacy policy also contains a long and confusing list of personal data under "The Personal Data we collect and how it is used", some of which look worryingly sensitive – **such as ethnicity, vehicle registration plate, national insurance number, employer, biometric and genetic information, and criminal convictions."** - in "NHS Vaccine Passports are here – but will they be used beyond international travel?", The Conversation Trust, **19 May 2021**.

Top Accenture Shareholders

"Institutional investors hold a majority ownership of ACN through the 78.02% of the outstanding shares that they control.

This interest is also higher than at almost any other company in the Information Technology Services industry.

Last, **during the quarter ended May 2019, these large investors purchased a net $917.6 Thousand shares.**

Top Owners of Accenture PLC

Stockholder	**Stake**	**Shares owned**	**Total value ($)**
The Vanguard Group, Inc.	8.54%	54,097,621	16,145,975,964
BlackRock Fund Advisors	4.93%	31,202,624	9,312,735,159

- in "CNN Business", **8 July 2021.**

Please be aware that both the Canadian Prime Minister Justin Trudeau, and the Dutch Prime Minister Mark Rutte are both full fledged Members of the World Economic Forum (WEF), a "de facto" International Lobbying Private Organisation.

> ***"Canada and the Netherlands have stood shoulder to shoulder in so many ways,*** *we both upheld the same values democracy freedom and equality.*
>
> *We both stand up for human rights, and the international rule of law, and we both believe in the principles of free and fair trade as a source of progress and prosperity for people all over the world." -* ***Mark Rutte, Prime Minister of the Netherlands addressing the Canadian parliament, 25 October 2018.***

Contagion: BBC Pandemic App - 2018

"Getting data about the travel and social habits of 10,000 volunteers would clearly be a very dramatic improvement.

A step change in the detail available to Pandemic Researchers. It is a challenge, but the technology that can make it happen is already out there.

Smartphones are the perfect tool for Pandemic Research. Forget the phone booth.

It's the combination of a built-in GPS tracker and specially designed Apps that make them a Data Gatherer's Dream.

So here's the plan. Adam and his fellow mathematicians **need GPS data and social contact data to be able to predict the spread of a pandemic. And we're going to help him using a smartphone.**

We have created the BBC Pandemic App, and here's how it works: **Users who download the app instantly catch are harmless virtual pandemic virus. To get the detailed data we need, the App will track their locations. Once an hour, for 24 hours. Users will also be asked their age and gender.**

And **the App asks them to record the details of every person they encounter** during that 24 hour period.

The combined contacts, GPS, and age information will be sent to our maths team at Cambridge University.

Real data from 10,000 people will fundamentally improve the accuracy and detail of the current assumptions.

And so **predict** with greater confidence than ever before.

How devastating the next pandemic could be." - Professor Hannah Fry, in "Contagion: The BBC Four Pandemic", BBC, 2018.

Download the BBC Pandemic App

"The government rates the global outbreak of a deadly flu virus as a major threat to the UK.

It could happen at any time.

To predict the impact of the next pandemic more accurately than ever before, **new data is needed - and lots of it.** Dr Hannah Fry is on the case. **She sets out to recruit the nation to download the BBC Pandemic App** in a ground-breaking experiment to help plan for when the next deadly virus comes to the UK.

How quickly will it spread?

How many could it kill?

The BBC 4 Pandemic experiment will find out.

Emergency physician Dr Javid Abdelmoneim finds out **why flu is still such a danger to society.**

He meets **researchers trying to discover what makes some people more contagious than others,** and visits a **factory that will produce vaccine when the next pandemic flu virus emerges.**

About BBC Pandemic

The BBC Pandemic App could be key in preparing for the next pandemic outbreak.

In order to better understand how **an infectious disease like flu** can spread, **researchers need data about how we travel and interact.** You can help them, without even trying.

BBC Pandemic is the Biggest Citizen Science Experiment of its Kind

The BBC Four Pandemic ran since 27 September 2017 and is the **biggest Citizen Science Experiment of its kind.**

The BBC Pandemic Experiment ended in December 2018.

The data collected between September and November 2017 was used to simulate the spread of a highly infections flu across the UK and predict how many of us might die.

Will Contribute to New Gold-Standard Data for Simulations and Wider Pandemic Research

The data collected between December 2017 and December 2018 **will contribute to this new gold-standard data set for use future simulations, and in wider Pandemic research.**

The study is funded by the BBC, and organised by the London School of Hygiene and Tropical Medicine and University of Cambridge.

The BBC Pandemic App received an Invest Northern Ireland Grant for Research and Development.

Why should I take part?

The more people of all ages that take part in BBC Pandemic, the better that data will be.

By identifying the human networks and behaviours that spread a deadly flu, BBC Pandemic will help to make these models more accurate and, in turn, help to stem the next pandemic.

This project has been commissioned by the BBC, and is being undertaken in collaboration with researchers at the University of Cambridge and the London School of Hygiene and Tropical Medicine." - in **"Contagion: The BBC Four Pandemic", BBC, 2017.**

Failed COVIDSafe App Deleted

"The Australia Government has acted to delete the wasteful and ineffective COVIDSafe app.

The former Government wasted more than $21 Million of taxpayer's money on this failed app.

Since it was launched in April 2020 only 2 positive COVID-19 cases were identified through the app.

This failed app cost taxpayers more than $10 Million in developing the app, a further $7 million on advertising and marketing, $2.1 Million on upkeep and more than $2 Million on staff." - Mark Butler, Minister for Health and Aged Care, Australia, 10 August 2022.

Making Diagnostics Therapeutics and Vaccines Available within 100 Days

"**A global, integrated surveillance network** can prevent us from being taken by surprise.

A One Health approach is crucial, looking across human, animal and environmental health, given the **danger posed by zoonotic (animal-originating) diseases, like COVID-19.**

We welcome the "Pathogen Surveillance Report" by Sir Jeremy Farrar, Director of Wellcome Trust, (which calls for a network of sophisticated surveillance centres; core infrastructure to sequence, analyse data and share information; modernised sampling, governance and ethics frameworks; **the use of data to drive development of Diagnostics, Therapeutics and Vaccines DTVs; and global leadership to bring this all together, integrated with public health and academic research.**

This global surveillance network should inform, through clear data disaggregation for impacts by gender and race and regular foresight planning, the development of targeted and evidenced-based guidance on public health interventions **for both business-as-usual responses and pandemics.**

Once a pandemic threat has been identified, we need high quality validated diagnostics first, at scale, to track and help contain the infection through non-medical interventions.

We should then expect therapeutics to treat the disease and prevent deaths. And we should expect safe vaccines, regulated by a Stringent Regulatory Authority (SRA) and ready to be produced at a global scale.

Learning Lessons from COVID-19

Meeting this 100 Days Mission requires learning the lessons from COVID-19, as well as from previous epidemics and pandemics.

First, we should acknowledge and celebrate the extraordinary advances made in this pandemic.

The first vaccines were ready for clinical trials in under 1 month, with safe and effective COVID-19 vaccines available after a mere 307 days: an incredible achievement given novel **vaccines often take up to 15 years to develop, and for some common infectious diseases we struggle to create effective vaccines at all.**

We are in the midst of the largest global adult vaccination campaign in history.

There has been similar speed on diagnostics: automated polymerase chain reaction (PCR) tests were available in 64 days and the first rapid diagnostic test (RDT) gained WHO approval in 236 days.

To prepare effectively we need to:

Invest in Research and Development (R&D) to fill the gaps in our DTVs arsenal.

We should have a mission-focused approach to prepare for known risks, through concerted effort and **collaboration between the public, and private sectors, and academia.**

The pathogens of greatest pandemic potential are represented by respiratory viruses.

We must also be prepared for the unexpected, and should develop vaccines and therapeutic technologies that can be readily adapted to respond to an unknown "Disease X", including simplified and easily transferable manufacturing processes.

To stimulate R&D and boost manufacturing capacity for diagnostics, **we should create a market by using diagnostics as part of business as usual healthcare and surveillance.**

CEPI is already planning to use a financing model inspired by Gavi's International Finance Facility for Immunisation model (IFFIm), which allows donors to frontload financing.

CEPI should explore further sources of public and private financing, and funders should look to meet CEPI's funding asks, including at the CEPI replenishment conference in 2022.

Industry, governments and international organisations, should explore how a vaccine manufacturing network, utilising the latest technology, could be rapidly activated in a pandemic.

Governments and international organisations should also consider expanding mass adult vaccination campaigns for common diseases.

A Global Health Board should be set up under the auspices of the G20.

This would be for the G20 to establish; we suggest **the Board could report to a joint session of Health and Finance Ministers on an annual basis on ongoing and emerging risks to the international system from pandemic threats**, and actions needed to address them.

> ***"We have seen tremendous innovations from partnerships between academia, industry, international organisations, philanthropy and governments in responding to this pandemic. We don't know when or from where the next threat will emerge, so we need to work together, between sectors and across national borders, to make the exceptional, the everyday. The 100 Days Mission is ambitious but achievable and essential." - Sir Patrick Vallance, Chief Scientific Adviser (UK); Melinda French Gates (Bill & Melinda Gates Foundation)***

The G20 should consider including in the Board the 3 Chief Scientific Advisers (CSAs), or their equivalents (e.g. Chief Medical Officers), and Finance Deputies of the incumbent, previous and successive G20 Presidencies, the One Health Organisations, The Global Fund, Gavi, CEPI, and the International Monetary Fund (IMF), and World Bank.

It could be chaired by WHO, with the Global Preparedness Monitoring Board (GPMB), acting as the secretariat, to provide independence, expertise and stability to the Board.

By reporting directly to the G20, the Board would be well placed to stand up the necessary response quickly to a **Public Health Emergency of International Concern, and should expect the full-political and financial backing of the full G20 membership."** - in "100 Days Mission to Respond to Future Pandemic Threats", GOV.UK, 12 June 2021.

The Lockdowns Farce

"**Lockdowns** have unfortunately not had a significant impact on reducing Covid deaths and **have definitely caused harm.**

Masks are largely ineffective and **cause harm to mental health.**

Indian government may have done the right thing to not allow Pfizer vaccine roll out; by refusing to grant them indemnity from harms of the jab.

Poor diet is a major risk factor for Covid **mortality, and eliminating ultra-processed foods and low quality carbs rapidly improves metabolic health."** - Dr Aseem Malhotra, MD, Cardiologist, in "The Economic Times", 24 March 2022.

> ***"Newly published data from 50,000 pupils shows an increased number of preschool-aged children need additional help with language development.***
> ***Some 90% of primary schools in England warn that children are struggling with speech issues as a result of the prolonged lockdowns in the UK."*** *- in "Lockdowns Hurt Child Speech and Language Skills – Report", RT, 1 May 2021.*

Coronavirus: Lockdowns in Europe Saved Millions of Lives

> ***"Lockdowns have saved more than 3 Million lives from coronavirus in Europe, a study estimates. The Team at Imperial College London, said the "death toll would have been huge" without lockdown."*** - in "BBC", 8 June 2020.

Lockdowns Saved Just 10,000 Lives in Europe and US Combined

"The experts, from Johns Hopkins University in the US, Lund University in Sweden and the Danish think-tank the Center for Political Studies, said:

The first Covid lockdowns in Europe and US had 'little or no effect' on the virus death rate, analysis suggests.

Economists said draconian restrictions put in place in March 2020 reduced virus mortality rates by just 3.2%.

This equates to just 6,000 fewer deaths in Europe and 4,000 fewer in the US, according to the researchers.

Restrictions ordering people to stay at home and not to travel cut virus death toll by just 2%." - in **"Lockdowns saved just 10,000 lives in Europe and US combined: Updated John Hopkins study finds draconian measures had 'little to no effect' on Covid death rate"**, Daily Mail, 26 May 2022.

Possible Lockdowns Until 2023

"Hertfordshire County Council is among those advertising for **Covid Marshals**, with the local authority offering a contract worth an estimated **£3 Million to a provider that can supply 60 marshals from 1 July 2021 until 31 January 2022.**

The contract also comes with a possible one-year extension to 2023.

In its description of the **marshals duties**, the contract notice reads: **"Provide practical support to aid and encourage compliance."** - in "Councils recruiting Covid marshals until 2022 despite plans to end restrictions", St Albans & Harpenden Review, 27 April 2021.

The EU to Extend the Use of Covid Certificates by one Year Until 2023

The Never Ending "Pandemic"

"**Certificates remain valid for 9 months** (270) days following a complete vaccination cycle – **if you had your vaccine more than 9 months ago you will need a booster in order to be considered fully vaccinated.**

As of 1 March 2022, **EU countries had issued almost 1.2 Billion Covid certificates,** of which 1.15 Billion following vaccination, 511 Million as a result of tests, 55 Million after recovery from the virus.

France, Italy, Germany, Denmark, Austria are the countries that have issued the largest number of Covid certificates." - in **"EU extends Covid travel certificates until 30 June 2023"**, The Local, 29 June 2022.

Normalise Testing as Part of Everyday Life

"No End in Sight - Unfortunately, I am aware that the Government's intention is to continue fear-mongering using the myth of asymptomatic spread and fear of variants.

The proof that **Government wishes restrictions, testing and vaccines to continue** is:

1. That various councils are advertising for Covid Marshals

2. That the government wants to **"normalise testing as part of everyday life",** which was part of the job description (now deleted) for an:

Interim Head of Asymptomatic Testing Communication

Job reference: PSR 1JP00037556

What's involved with this role:

Interim Head of Asymptomatic Testing Communication

Remote working

Pay rate: Up to £750 per day

This is an exciting role for an experienced communications professional, and **offers the opportunity to work at the heart of the Department of Health.**

The role is a senior leadership role within the NHS Communications team, and may offer the first step in developing **a possible future career** in a senior communication role in the Civil Service.

You will primarily be responsible for **delivering a communications strategy to support the expansion of asymptomatic testing, that normalises testing as part of everyday life.**

The role offers the opportunity **to work with a wide variety of stakeholders across the public and private sector** and provide communications support to our marketing campaigns." - https://findajob.dwp.gov.uk/details/5585948, 30 March 2021

3. That in April 2021 they were also **offering a 2 year contract to a Covid Advertising Contractor.**

They also continue this social conditioning by allowing leaks from Sage officials on TV, and to the press.

Surely, **these people should not be on TV offering their opinions.** Announcements should be made by Government ministers only.

Mental Health Hypocrisy - Aside from the devastating effects of lockdowns (not Covid) on people's lives and livelihoods, the emotionally manipulative and misleading advertising and statements from Government have caused this directly.

The "case" and "death" figures have been exaggerated, and taken out of context, so that there has NEVER been a balanced presentation of possible dangers from Sars-Cov-2.

The Government is therefore only paying lip service to the huge short and long-term mental health problems developing, by talking about funding for it.

What they need to do is stop the adverts, stop pointless testing of healthy people and restart normal life without coercive pressures NOW.

Coercive pressure includes Covid-status certification.

The suppression of the voices of scientists and doctors whose views differ from those of Sage also need to be heard and a mature debate needs to be had." - in "Supplementary Written Evidence Submitted by Gillian Jamieson, Psychotherapist (CLL0114)", Committees Coronavirus: lessons learnt , Parliament, UK, 16 June 2021

The UK Vaccine Task Force

"The 6 May 2020 was when I was first called to be the first chair, of the this new Vaccine Task Force, but in fact it wasn't the first thing I'd been pulled in to do, **so Patrick Valance is actually the reason why I'm standing here.**

So he and I knew each other very well from when he was running Research & Development (R&D) at GlaxoSmithKline (GSK).

And right from the beginning Patrick recognized, that the government's approach to vaccines, was not all it could be, so he kept pushing and pushing, and saying, you know, what are we doing about vaccines? And the answer kept coming back don't worry we're on it.

And after a few times being told, don't worry we're on it, he then said, okay tell me what you're on.

And the answer was we're going to try and procure vaccines just like we do with flu, and at that point Patrick said okay enough is enough.

I'm going to create, what he then called was a Vaccine Task Force.

But what that was actually a group of officials within BASE, which is the Business Department to be advised by an expert group of vaccine professionals.

So that actually started mid-march I ended up with a email on April fool's day inviting me to join this expert group, and to which my reaction was, well I'm not a vaccine expert Patrick.

Why on earth you're asking me?

And the answer was what he wanted, was somebody with that expertise, and knowledge of the small company landscape because that's actually where the innovation comes from even if it's ultimately the Pharmaceutical Companies that deliver and distribute.

So I agreed to do it, it became very clear that 1 hour's advisory talk every other week actually wasn't doing anything at all.

So after the second meeting, I emailed Patrick and said; **look you gotta make this a bit more permanent, and do something with it with authority and power**, because this is a talking shop that's not really working.

And obviously Patrick had figured that out, it was always one step ahead of me.

And so during the third meeting I attended, I got a text from Matt Hancock, and I was actually trying to do 2 meetings at the same time, because I had a clash with one of my portfolio companies, so I had 2 company, 2 screens up which is of course not how you're supposed to do meetings, but anyway I did.

And he texted me and said; can we speak?

And I said no, you're supposed to be joining this meeting anyway, it's a government, you know, vaccine meeting, so anyway, we spoke afterwards and he said; **would you chair the Vaccine Task Force? We're going to create a dedicated body.** To which I've sort of virtually fell off the chair.

So I hadn't thought on earth why was he calling me, and I asked for 24 hours to think about it, because I gave him all the reasons why I couldn't do it.

And then eventually said to me Kate look none of us have done this before we're asking you to step up, and that was a little hard not to take that seriously, and when **I questioned him on what authority was he inviting me, he said he'd just come back from the Prime Minister.**

So I asked for 24 hours. **I am very lucky to be married to the most amazing uh husband Jesse Norman who then was Financial Secretary of the Treasury** so obviously he actually spent a Billion pounds doing furlough, and all the self-employed funding, but he absolutely helped, sort of help me navigate through government, Whitehall, parliament, and everything.

And so in the following day we went back with Jesse's clear advice with a list of conditions saying I would do it, but only subject to these terms.

So the terms were:

It was reporting to the Prime Minister,

It was a 6-month term,

I could recruit who I wanted, and

The government would put in place a very streamlined decision-making process.

And then because I was convinced that government always leaks everything my final condition was that I got to sign off on all comms.

But it didn't really make any difference, that one, but all the other ones did make a difference.

So when Boris called me, he basically said:

I want you to do 3 things;

1. **I want you to do vaccines for the UK, sort out vaccines, to make sure that vaccines**, if any are successful.
2. Get fairly and equitably **distributed around the world.**
3. **And I want you to put in place plans so that we're better set up for next time.**

So no vaccine had ever been developed against any human coronavirus, so it wasn't there was no likelihood that we'd even be successful in developing vaccines against such a virus, such as the common cold.

I mean this, these are things that we've not been successful in generating vaccines, we didn't know anything about Covid-19 at all Sars-cov2 which is the virus that causes Covid-19 disease.

We knew nothing about it, **we knew what it looked like,** but **we didn't really know much about his transmission who it infected,** what the consequences were how to block it.

And the other issue, basically, the quickest time it had ever take taken to develop a new vaccine in the past, was 5 years and that was MUMPS, and that was 50 years ago.

So in terms of the likelihood of being able to develop a vaccine fast it was very low, and of course the most advanced vaccines were ones about which we knew the least.

So that was the position I was in.

Boris then gives me these 3 goals which I think were very clear, and it is notable that there were only 2 governments in the world that actually took on this separate structure of putting in place basically a dedicated Team to deal with vaccines, and that was the UK and the USA.

One of the things I'd persuaded the government to do, which they again were really ballsy to do, was they were willing to put money up front, before we knew whether or not any of these vaccines would work.

So, we ended spending £900 Million sterling in upfront spending.

And so we needed to make sure, that if we wanted to get access to the best vaccines, **we had to be a really good customer, so that meant we needed to be thoughtful proactive, and supportive to the different Vaccine Companies, so they would want to work with us because they knew we'd be able to help them get their vaccines developed quickly.**

One of our offers was to basically be able to run Clinical Trials very quickly in the UK, and when June starts **you will see that the regulatory environment was a complete game changer for us, and we wouldn't have been able to do anything without without June and her Team.**

And what we did was to create a Vaccine Registry on the NHS website, so that anybody sitting at home could sign up to the website and say that they were willing to be contacted about Clinical Trials.

And our goal was to be able to go to vaccine companies and say: We've got people already signed up being waiting to join a Clinical Trial.

And amazingly um now we've got over half a million people that have signed up.

So we absolutely got what we wanted, and we were able to get the trials set up and run incredibly quickly, so it was absolutely one of the real **triumphs of the Vaccine Task Force. And with luck that registry, will now be expanded to go beyond recruitment of volunteers, and now to being recruit patients.**

At the ground this was **an industry that was absolutely**

coming together, and interestingly the industry had come together in February 2020, so before there was a Vaccine Task Force, before I was doing anything at all, the industry had come together and said: **look we need to scale up vaccines if they ever come, and we're going to be the ones who asked to do it.**

So, we might as well get going now, and start doing it, so again, **it's a very interesting lesson between the government's general suspicion of business always being out to pocket, whatever money they can get hold of, versus actually good corporate behaviour, which is; they know what they need to do, and they're going to do it whether or not they've got a contract.**

So then, and **we'll get on to June's wonderful work, and I might just if I can, basically June did a completely phenomenal job at the MHRA, because normally 2 things that are the bottlenecks in getting any new drug or vaccine approved, one is actually getting people into the trials, recruiting and running the trials evaluating it and moving on. And we were able to basically compress that once we did the safety testing because we had money, we were able to massively compress the rest of the trials, so that we could scale those up.**

But the second thing is the regulatory process, about how do you do it, and the thing that June we'll talk a little bit more about, **is the ability that June led, which was this whole idea of a rolling review process, which is don't wait till you've got everything ready, and then we'll review it once it's all every "i" dotted, and every tears crossed, anything any data you've got as you've got it share it with us so that we can get up to speed.**

We can help, we can advise and it was completely game changing, and **the reason why the UK was the first to approve the Pfizer Biontech vaccine, is because of June, and because of the way she led the the regulatory body here in the UK in a way that has never been led in any regulatory body anywhere in the world** and that is a phenomenal achievement.

And more importantly Pfizer correctly said that they did not believe we had **enough infection in the UK in the summer of 2020** when they were running the trials so they hadn't even run the trials in the UK, and yet **the relationship between Pfizer and the MHRA was so close,** that there was, we were still able to come out first." - **Dame Kate Bingham, the founding leader of the UK Vaccine Taskforce and a major force behind the UK vaccine rollout,** in "From wartime to peacetime – **lessons learnt from the Vaccine Task Force**", Medics Day 2022, Somerville College, Oxford, 5 March 2022.

> *"Another revelation from the investigation is that manufacturing costs for:*
>
> ***- Pfizer's vaccine stands allegedly cost just £0.76p per shot. With Pfizer reportedly charging the UK Government £22 per dose, this represents a near 3,000% mark-up on the manufacturing price.***
>
> ***- Pfizer and Moderna shareholders pocket £7.8 Billion after Omicron was discovered."*** *- in "Pfizer accused of funding lies about AstraZeneca's jab: Explosive Channel 4 documentary alleges drug giant paid for speeches linking rival British vaccine to CANCER", Daily Mail, 6 December 2021.*

Those Anti-Vaxxers - 2019

"There are today people today who are actually still anti-science.

A whole movement called the anti-Vaxxers, who refuse to acknowledge the evidence that vaccinations have eradicated smallpox." - Boris Johnson, UK Prime Minister, in "UN General Assembly", **24 September 2019.**

Medicines and Healthcare products Regulatory Agency (MHRA)

From Watchdog to Enabler

"My purpose really is to take Kate story a little bit further and tell you **how the Covid pandemic has catalysed the transformation of a Regulator, from a Watchdog to Enabler.**

And when I say that these are exciting times in the world of regulation there are probably quite a few who've never had exciting and regulation in the same sentence.

The story of this transformation is effectively a tale of 2 cities of London and of Oxford.

Many ask **what is the Medicines and Healthcare products Regulatory Agency (MHRA), we're on 2 sites it's a government body an arms-length body of the executive agents, it's an executive agency of Department of Health and Social Care.**

And I think the general view is that rules are written on tablets of stone, and there's a lot of policemen in these places that go around factories **find problems with trials,** and generally hold things up, and to add to the complexity was already heard not just **the Vaccine Task Force doing this incredible work to locate the products, we've got the other body the joint committee on vaccination and immunisation working out how to deploy them.**

And while we collaborated across these boundaries as never before, we knew that independence was going to be the key to public trust.

Independence in our decision making, and so that became a very real focus, so you've heard from Kate a little bit **about how we began immediately to transform our processes.**

We tore up the rule book, and we allowed companies to immediately start juxtaposing, not sequential phases of clinical trials, but overlapping beginning the next one before the previous had been finished. And that large scale manufacture being prepared at risk. We did not

know if any of these vaccines would be effective

We spent a long time on guidelines, **and we decided in the end that 50% efficacy would really be fine**

So the data began to flow in and we began in the middle of June, 6 months ahead of time 2020 to start to prepare what safety surveillance we would need.

And this is where I look at Kate, because Kate at that point had thought that once the purchase had been made the approval had been signed home and dry and what I was able to share with you was **we only really learn about benefit risk in clinical use, and we knew that there would be a vast influx of reports of side effects no effective medicine or vaccine is without them."** - Dr Dame June Raine, in "From watchdog to enabler – regulation in Covid and after", Medics Day 2022, Somerville College Oxford, 5 March 2022.

From FDA to MHRA Prime Example of Institutional Corruption

"Over the past decades, regulatory agencies have seen large proportions of their budgets funded by the industry they are sworn to regulate. In 1992, the US Congress passed the Prescription Drug User Fee Act (PDUFA), allowing industry to fund the US Food and Drug Administration (FDA) directly through "user fees" intended to support the cost of **swiftly reviewing drug applications.** Net PDUFA fees collected have increased 30 fold - from around **$29 Million in 1993, to $884 Million in 2016**.

"Like the FDA, the TGA was founded to be an independent institute. However, ***being largely funded by fees from the companies whose products it is charged to evaluate is a fundamental conflict of interest*** *and* ***a prime example of institutional corruption."*** - Sociologist Donald Light of Rowan University in New Jersey, USA. " - in **"From FDA to MHRA: are drug regulators for hire?"**, British Medical Journal, 29 June 2022.

These Regulatory Agencies Have Basically Become Subsidiaries of The Pharmaceutical Companies

"The White House is bragging that we're the only country that is trying to do mRNA shots for infants. Dr Fauci and his crew have been throughout this whole thing.

Remember these are people in Washington that rejected the idea of natural immunity.

For a year and a half they said that the vaccine was better than prior infection, and every credible study that's been done, has said that that's not the case.

And so they've been wrong time and time again.

They were wrong when they criticized me for having schools open, they wanted our kids locked out of school in the state of Florida, they were wrong when they criticized me for having businesses open, beaches, all these other things, and so this is an example where they are pushing this with very scant data.

People can make their judgments, but ask questions, and the fact of the matter is: I think, what this whole year and a half has shown us is these Regulatory Agencies in the Federal Government have basically become Subsidiaries of the Pharmaceutical Companies, they are not independent regulators, they basically are there to rubber stamp what Pfizer wants to do." - Ron DeSantis, Florida Governor, in "Press Conference in Callahan in Nassau County", 20 June 2022.

MHRA (UK) Awarded £980,000 For collaboration with the Bill Gates Foundation and World Health Organisation (WHO), 2017

"A new partnership with the Bill & Melinda Gates Foundation, and the World Health Organisation (WHO) aims to extensively improve the safety monitoring of medicines in low and middle-income countries (LMIC).

New Medicines and Vaccines, for diseases such as Malaria and HIV, **may be introduced for the first time in LMIC's where there are weak or no regulatory systems in place for effective safety monitoring.**

These **new treatments** have been developed with **urgent public health needs.**

WHO and the Gates Foundation have launched 'Project Smart Safety Surveillance' to help LMIC's identify, assess, and adequately manage the risks associated with new products.

MHRA will be joining this initiative to bring regulatory expertise to the project.

This will be for a 3-year period where it is intended to run 3 pilot exercises in different LMIC settings.

Dr Ian Hudson, Chief Executive Officer at MHRA said:

"We are delighted to be involved in such an important global initiative.

New Drugs and Vaccines are being brought to the market for the first time in public health programmes in settings where the safety monitoring and regulatory systems need strengthening.

The expertise we can bring to the project will help national safety monitoring centres identify risks and benefits early and take **appropriate regulatory action to support global health**."

Dr Dan Hartman of the Bill and Melinda Gates Foundation said:

"The Triple S project is vitally important to the success of public health programmes to combat some of the world's major diseases.

When a **new Medicine or Vaccine** is being used it is critical that **potential risks** are identified early and well understood.

The involvement of MHRA in this project will ensure scientific and regulatory expertise are developed within the national centres." - in "Medicines and Healthcare products Regulatory Agency", GOV.UK, 15 December 2017.

> ***"The current level of grant funding received from the Gates Foundation amounts to approximately $3 Million.***
> *This covers a number of projects and the funding is spread across 3-4 financial years." - in "Freedom of Information request on whether the MHRA receives funding from the Bill and Melinda Gates Foundation (FOI 21-624)", Medicines and Healthcare products Regulatory Agency, GOV.UK, 13 August 2021.*

The UK Strategy for Rare Diseases – 2018

This Strategy's Vision Has To Become a Reality by 2020

"**The UK Strategy aims** to ensure no one gets left behind just because they have a rare disease.

We want to put the patients' needs first.

To do this, we will bring together the talent, skills and professionalism of all relevant sectors.

The UK is a recognised leader in research, treatment and care for rare diseases.

It is at the forefront of the genomics revolution which could radically transform the way we diagnose and treat patients with rare diseases.

We are already starting to drive this work forward, through initiatives such as the programme that will map the whole genome of 100,000 NHS patients which has rare disease as one of its key priorities.

This Strategy illustrates the UK commitment to build on our successes to date.

The diagnosis, treatment and management of rare diseases also require the highest level of partnership working to remove unnecessary barriers.

We will build upon the best research, diagnosis and service provision that already takes place in the UK and elsewhere.

We will improve understanding of rare diseases and increase the chances of finding effective and sustainable treatments and therapies.

To develop the UK Strategy for Rare Diseases, the Rare Diseases Stakeholder Forum was established.

We will ask that this Forum continues to work with all 4 countries of the UK to monitor the implementation of this Strategy to ensure work in this vital area is driven forward.

At least 80% of rare diseases have an identified genetic origin and 50% of new cases are in children.

Other causes of rare disease are infections.

This Strategy does not just focus on patient services.

It also covers scientific research, which is important for improving our understanding, diagnosis and treatment of rare diseases.

The UK has a vibrant life sciences sector, which means we could be at the forefront in the development of new technology that improves services and opportunities for people with rare diseases.

Across all 4 countries of the UK, considerable work is being carried out to develop services for patients and to **encourage and fund research.**

There are systems to identify and treat rare diseases including NHS genetics services, research programmes, and education and training for healthcare professionals.

To achieve the Strategy's aims, we will need to make the best use of current scientific, technological, medical and social resources. We will also need to build on and complement current initiatives, including:

- The "Strategy for UK Life Sciences" and Innovation, Health and Wealth initiatives in England.

- "A Route Map to the 2020 Vision for Health and Social Care in Scotland" linking the 'Healthcare Quality Strategy for NHS Scotland' and the Scottish Government's health and healthcare research strategy, "Investing in Research, Improving Health"

- "Together for Health: a 5 year vision for the NHS in Wales", linking the strategy documents "Our Healthy Future" and "Fairer Health Outcomes for All"

- "Transforming your Care" in Northern Ireland

All 4 UK countries have agreed to use the UK Strategy to improve services and research and to bring real, positive change for people with rare diseases.

Specialist Clinical Centres

The UK wants to support the sharing of information, data, knowledge and best practice in treatment nationally, across Europe and further afield.

They bring together multidisciplinary teams of health and social care professionals to manage patient care and local resources effectively and efficiently.

The centres are not necessarily specific locations but may be 'virtual', using appropriate technologies to bring experts together.

The use of new technologies such as telemedicine will increasingly mean that patients can access expert services remotely.

This reduces the need for patients to travel and allows the creation of networks of experts who work together across hospitals.

Centres should have connections to others across the UK and in Europe.

New opportunities also lead to new challenges.

The initial costs of **diagnostic testing** may be offset over time **by reductions** in **unnecessary healthcare.**

But the increased use of genomic approaches in identifying millions of DNA variants of uncertain significance will demand sophisticated bioinformatic and clinical evaluation.

The UK is playing a leading role in the international initiatives such as the Human Variome Project and the Global Alliance aimed at solving this new challenge through confidential sharing of knowledge.

In addition, RD-Connect, an initiative led by the University of Newcastle Upon Tyne, is developing a unique global infrastructure that links up databases, registries, biobanks and clinical bioinformatics data used in rare disease research into a central resource worldwide.

Partnership in Developing new Treatments

To achieve this, support is required for basic, experimental medicine, clinical and health service research.

There is continued commercial interest in rare diseases, especially from pharmaceutical companies and small and medium biotechnology / IT businesses.

Companies are increasingly interested in using gene-based research to identify new drug targets and help reduce the risk of development failure.

Drug development and research into rare diseases can also help improve treatment for more common diseases.

All 4 countries of the UK are working with industry to identify opportunities in this area.

For drug discovery to progress further, it is important to have close cooperation at all stages of translational research (research into the practical applications of basic research).

The UK continues to contribute to and support projects such as the European Project for Rare Diseases National Plans Development (EUROPLAN) and International Rare Diseases Research Consortium (IRDiRC), including its goal to develop 200 drugs for rare diseases by 2020.

The increase in knowledge of rare disease variants will ultimately enable innovative approaches to treatment.

These might include evaluation of existing compounds, re-purposing of existing drugs, use of biological products or small molecules, gene therapy and stem cell derived approaches.

As genomics knowledge increases, better use will be made of the rich clinical data sources available across the NHS, including using existing and new rare disease registries.

This Strategy's vision has to become a reality by 2020." - in "The UK Strategy for Rare Diseases", Department of Health, GOV.UK, January 2018.

The UK Strategy for Rare Diseases – 2019

"To date, six to eight thousand **(6,000 to 8,000) Rare Diseases have been discovered** and **new diseases are regularly described in the medical literature (Orphanet).**

Approximately **80% of rare diseases are of genetic origin.**

Despite being described as 'rare', collectively rare diseases affect the lives of around 3 million people in the UK.

Therefore, they are often termed 'individually rare, collectively common'.

With the aim of improving the lives of all those affected by a rare disease, the UK government published the UK Strategy for Rare Diseases in 2013 (hereafter referred to as **'The Strategy**'), a high-level framework containing commitments which sets out a strategic vision for 2013-2020 covering 5 key areas:

1. Empowering those affected by rare diseases;
2. Identifying and preventing rare diseases;
3. **Diagnosis and early intervention;**
4. **Coordination of care;**
5. **Role of research.**

The DHSC 2018 **Rare Disease Implementation Plan for England** (hereafter referred to as **'the implementation plan'**) covers the 21 commitments in the Strategy for which DHSC have lead responsibility and where we **work collaboratively with a range of partners to deliver them.**

This document is an update to the DHSC-led implementation plan. It reviews progress over the last year and takes a forward look of **actions for 2019/20.**

The NHS England led implementation plan.

NHS England, the lead organisation for 30 of the commitments.

Partner organisations involved in writing this document include:

Genomics England; Health Education England (HEE); Health Research Authority (HRA); Medicines and Healthcare products Regulatory Agency (MHRA); NHS Digital; NHS England; Office for Life Sciences (OLS); Public Health England (PHE); The National Institute for Health Research (NIHR); UK National Screening Committee (UK NSC).

Policy Context

The rare disease landscape has been much transformed in 2018.

There have been significant breakthroughs, such as the completion of the sequencing phase of the 100,000 Genome Project in December 2018.

DHSC have set up and provided the secretariat to the ministerially chaired National Genomics Board (NGB).

The NGB's goal is to ensure the UK remains the world's leading centre for genomic medicine and research, and to use this position to deliver quantifiable benefits for NHS patients and the life sciences sector.

The second Life Sciences Sector Deal was published in December 2018 and highlighted the importance of genomic healthcare.

DHSC Secretary of State Matt Hancock set out an ambitious vision for genomics in October 2018, announcing a new goal to sequence 5 million genomes over the next 5 years, including 1 million whole genomes from NHS and UK Biobank participants.

In January 2019 the NHS Long Term plan was published, which included the commitment that from 2019, all seriously ill children who are likely to have a rare genetic disorder, children with cancer, and adults suffering from certain rare conditions or specific cancers, **will begin to be offered whole genome sequencing via the new NHS Genomic Medicine Service.**

These novel initiatives are just some examples of the government's commitment to improving healthcare for people living with rare diseases.

In its July 2018 White Paper The Future Relationship Between The United Kingdom and the European Union, the government said:

> *"To support cooperation,* ***the UK should seek to participate in specific policies and networks which benefit businesses, researchers,*** *citizens and patients across the UK and the EU, including: a.* ***the European Reference Networks, which support European cooperation and knowledge sharing related to clinical care and research on rare diseases".***

In October 2018, Secretary of State for Health & Social Care Matt Hancock, MP, announced the NHS Genomic Medicine Service as the first national genomic healthcare service in the world.

It will allow **faster diagnosis** and personalised care through consistent and **equitable access to genomic medicine.**

Further details can be found on the Genomic Medicine Service website." - in "The UK Strategy for Rare Diseases", GOV.UK, **27 February 2019.**

The UK Strategy for Rare Diseases – 26 February 2020

"As part of the NHS Long Term Plan commitment to harness the power of **genomic testing** to rapidly diagnose rare diseases, **Government announced in January 2020 that whole exome sequencing would be provided to critically ill babies and children.**

Whole exome sequencing may more than double the chances of successful diagnosis and are faster than standard practice where multiple tests may be performed one at a time, providing results in days rather than waiting months.

Significant commitments to further utilise genomics for prevention of disease have also been made.

The Accelerating Detection of Disease (ADD) challenge aims to recruit up to 5 million diverse, healthy participants into a world-leading research cohort in order to shed new light on the detection and treatment of chronic diseases.

In September 2019, a £200 Million **investment from Government, industry and charity was announced to secure the whole genome sequencing of all 500,000 UK Biobank participants**, with the first tranche of data available by 2021 and all data available by 2023.

OLS are in the process of finalising a National Genomics Healthcare Strategy to be published in early 2020.

The strategy will seek to create alignment between our world leading genomics assets and map out a clear direction of travel over the next 5 - 10 years that will enable the genomics community to drive forward innovation.

Genomics England have also continued to work with NHS England and the NHS

Genomic Laboratory Hubs to develop the systems to facilitate diagnostic whole genome sequencing for rare disease as well as cancer.

As of December 2019, the systems are being beta tested by the NHS Genomic Laboratory Hubs.

We have also developed proposals for additional research cohorts focussed on a transformation of healthcare linked to the strategic priorities of the NHS Long Term Plan.

NHS Digital have also continued to work with Genomics England to improve the systems used to record genetic data and other relevant information." - in "The UK strategy for rare diseases: 2020 update to the implementation plan for England", GOV.UK, **26 February 2020**

UK Research and Innovation
Established 2018

"UK Research and Innovation (UKRI) is a non-departmental public body of the Government of the United Kingdom that directs research and innovation funding, funded through the science budget of the Department for Business, Energy and Industrial Strategy.

Established on 1 April 2018 by the Higher Education and Research Act 2017, UKRI brought 9 organisations into one unified body.

UKRI was created following a report by Sir Paul Nurse, the President of the Royal Society, who recommended the merger in order to increase integrative cross-disciplinary research.

Paul Maxime Nurse

[Sir Paul Maxime Nurse CH FRS FMedSci HonFREng HonFBA MAE is an English geneticist, former President of the Royal Society and Chief Executive and Director of the Francis Crick Institute.

He was awarded the 2001 Nobel Prize in Physiology or Medicine for the discoveries of protein molecules that control the division of cells in the cell cycle.

Nurse has been a member of the Labour Party (UK) for nearly 40 years and is a patron of Scientists for Labour, a Socialist Society affiliated to the Labour Party.

In September 2020, he was a co-author on a letter in Nature alongside former Prime Minister Gordon Brown highlighting the importance of EU funding in the fight against COVID-19.

As an undergraduate student at Birmingham, Nurse sold Socialist Worker, and participated in an occupation of the vice-chancellor's office. As a graduate student at East Anglia he continued to sell Socialist Worker.]

Working in partnership with Universities, Research Organisations, Businesses, Charities and Government, its mission is to foster research and development within the United Kingdom and create a positive “impact” – “push the frontiers of human knowledge and understanding”, “**deliver economic impact” and "create social and cultural impact"**.

The first Chief Executive Officer of UKRI was the immunologist Professor Sir Mark Walport.

Mark Jeremy Walport

[Sir Mark Jeremy Walport FRS FRCP FRCPath FMedSci FRSE is an English medical scientist and was the Government Chief Scientific Adviser in the United Kingdom from 2013 to 2017 and Chief Executive of UK Research and Innovation (UKRI) from 2017 to 2020.

Previously Walport was Director of the Wellcome Trust from 2003 to 2013.

Before this, he was Professor of Medicine (from 1991) and Head of the Division of Medicine (from 1997) at Imperial College London, where he led a research team that focused on the immunology and genetics of rheumatic diseases.]”

Research Council	Formation	Budget 2019–2020
Arts and Humanities Research Council	2005	£140 M
Biotechnology and Biological Sciences Research Council	**1994**	**£459 M**
Engineering and Physical Sciences Research Council	1994	£1096 M
Economic and Social Research Council	1965	£252 M
Medical Research Council	**1913**	**£742 M**
Natural Environment Research Council	1965	£444 M
Science and Technology Facilities Council	2007	£728 M
Innovate UK	2007	£1265 M
Research England	2018	£2377 M

- in “Wikipedia”, 10 September 2022.

The UK a World Leader in Biomedical Data Science

"Medical Research Council (MRC) review on maximising biomedical data science opportunities.

The review sets priorities to ensure the UK remains a world leader in biomedical data science innovation.

An Urgent Opportunity

The review describes the potential for data science to transform biomedical research approaches, strengthen UK global research leadership and deliver a step-change in our understanding of human health and disease.

The depth and breadth of UK biomedical research assets offer the rich, diverse, and nationally cohesive collaboration required to realise this potential.

However, rapid international responses have created an urgent and time-limited window for UK to act.

The review builds on the 2020 Medical Research Council (MRC) unit and centre portfolio review, which highlighted data as an essential and shared priority within UK research.

Recommendations came from an independent panel of leading experts, representing the breadth and diversity of biomedical research and including international and industry representation." - in "UK Research and Innovation", 27 July 2022.

The UK Business Plan

"Over the last few days, **I have been comparing notes and talking to leaders around the world and I can tell you that the UK is now leading a growing global campaign** amongst all our friends and allies, **whether in the G7, the G20, the United Nations (UN), the International Monetary Fund (IMF) – all those bodies in which we play a significant role.**

We're leading a campaign to fight back against this disease.

To keep the economy growing, to make sure that humanity has access to the drugs and the treatments that we all need." - Boris Johnson, Prime Minister of the UK, in "Prime Minister's statement on coronavirus (COVID-19)", 10 Downing Street, 16 March 2020.

> ***"UK will give £25 Million to found a new World Bank fund to prevent, prepare for and respond to future devastating pandemics.*** *Under the UK's G7 Presidency last year,* ***the Prime Minister drove forward international work on pandemic preparedness under his 'five point plan' and the 100 Days Mission, work on which was led by Sir Patrick Vallance. This included launching a worldwide network of zoonotic research hubs, increasing the global manufacturing capacity for treatment and vaccines, designing a new early warning system and agreeing global protocols for a future health emergency. The UK also hosted a Global Pandemic Preparedness Summit in March, which raised over £1.2 Billion to develop variant-proof coronavirus vaccines and speed up the process of developing vaccines against future health threats so this can be done in under 100 days. Prepare for the next health threat."*** *- in "UK supports new international drive to prevent and prepare for future pandemics", GOV.UK, 26 June 2022.*

The Disappearance of John Magafuli

"You should stand firm. Vaccinations are dangerous." *- John Magafuli, President of Tanzania*

"We are not yet satisfied that those vaccines have been clinically proven safe." *- Dorothy Gwajima, Health Minister of Tanzania*

"Not cooperating will make it dangerous for everybody." *- John Nkengasong, Director of the Africa Centres for Disease Control and Prevention (Africa CDC)*

- in "Tanzania refuses COVID-19 vaccines", The Lancet, 13 February 2021.

It's Time for Africa to Rein in Tanzania's Anti-Vaxxer President

"It's time for Africa to rein in Tanzania's anti-vaxxer president.

Many people in and outside Tanzania are asking this question.

Magufuli is still fuelling anti-vaxxers as the pandemic and its new variants continue to play out.

He needs to be challenged openly and directly." - Vava Tampa, in "Global Development", **supported by Bill & Melinda Gates Foundation**, The Guardian, **8 February 2021.**

“Let's now have a quick look at what's happening in Tanzania, it's **a curious case of a missing president.**

Tanzania's president john Magafuli has not appeared in public since the last 17 days.

On Friday **Prime Minister Kassim Majaliwa** said that Magafuli was strong and working as usual.” - in “Mystery of Tanzania's missing President deepens. Where is John Magufuli?”, WION, **17 March 2021.**

> ***“Tanzania's President Dr John Pombe Magufuli has died. The president, who hadn't been seen in public since 27 February 2021,*** *passed away on* ***17 March 2021*** *from what* ***Vice President Samia Suluhu announced*** *was a heart condition.” - in “CGTN”, 18 March 2021.*

> ***“Tanzania's president dies after mysterious illness.”*** *- in “Financial Times”,* ***17 March 2021.***

New COVID-19 Variant Found in Travellers from Tanzania

"A new COVID-19 variant with the **most divergent mutations** has been found in travelers from Tanzania, **according to a scientific research institute based in South Africa.**

Professor Tulio de Oliveira, Director of Krisp, a research and innovation sequencing platform, that carries out genetic testing for 10 African nations, said **his team found the variant in travellers arriving** in Angola from **Tanzania."** - in "Covid variant with most mutations discovered in Tanzania travellers", The Independent, **26 March 2021.**

"Tanzania's coronavirus response is getting serious, 2 months after the death of the country's Covid-denying president.

Former leader John Magafuli (President of Tanzania) repeatedly dismissed the seriousness of Covid-19, and urged his citizens to "pray coronavirus away."

Now, a special committee established by Tanzania's new president, Samia Suluhu Hassan, has issued a range of recommendations to tackle the Covid-19 situation.

The committee also recommended that Tanzania begin procuring Covid-19 vaccines and join the worldwide vaccine-sharing initiative COVAX, backed by the World Health Organization (WHO)." - in "After death of Covid-denying president, Tanzania sets roadmap to combat the virus", CNN, 18 May 2021.

Tanzania Publishing Covid-19 Data Could Unlock IMF Support

> ***"Tanzania needs to publish data on the spread of Covid-19 before getting approval for a USD $574 Million emergency loan from the International Monetary Fund (IMF), the Washington-based lender said."*** *- in "Bloomberg", 9 June 2021.*

The IMF to the Rescue

"The IMF approved USD $372.4 Million in emergency financial assistance under the Rapid Credit Facility (RCF).

The RCF disbursement, in an amount equivalent to the previous financial assistance under the RFI, which was repurchased early by the authorities, will continue to help address **Tanzania's urgent balance of payment needs arising from the COVID-19 pandemic, and will provide Tanzania with concessional resources needed to take measures to mitigate the severe socio-economic impact of the pandemic."** - in "Tanzania: IMF Executive Board Approves U.S.$372.4 Million Rapid Credit Facility Disbursement to Tanzania to Address the Covid-19 Pandemic", All Africa, **13 November 2021.**

IMF Extends Credit Facility $1.071 Billion to Tanzania post-Covid-19 Recovery Efforts

"IMF agreement with Tanzanian authorities on resources of about **$1.071 Billion** under the ECF.

The program is centered on supporting the economic **recovery from the scarring effects of COVID-19.**

Efforts will help address increasing demands for **public services in** education and **health.**

The program will resume the **structural reform agenda** which will focus on **enhancing conditions for sustainable and inclusive growth.**

Enhancing the business environment is essential to unleash the growth potential.

The authorities will continue **implementing the Blueprint for Regulatory Reforms emphasizing the streamlining of permits and licenses and rationalizing the number of regulatory institutions.**

The mission met with Zanzibar President Hussein Ali Mwinyi, Minister of Finance and Planning Mwigulu Nchemba, Bank of Tanzania Governor Florens Luoga, other senior officials, development partners, and private sector representatives." - in "IMF Staff Reaches Staff-Level Agreement on an Extended Credit Facility Arrangement with Tanzania", IMF, **9 June 2022.**

Tanzania President Names Finance as Deputy

"Tanzanian President Samia Suluhu Hassan has appointed Philip Mpango, who has been serving as finance minister, to be Vice President." *- in "Tanzania President Names Finance Minister Mpango as Deputy", Bloomberg,* ***30 March 2021.***
"The guest of honor was the Minister of Finance and Planning ***Dr Phillip Mpango****, who represented the* ***Right Honorable Kassim Majaliwa****, the Prime Minister of the United Republic of Tanzania." - in "Annual Report", REPOA, 2017.*

"President Samia Suluhu Hassan orders Ministry of Energy to accelerate talks with Shell and Equinor." *- in "Tanzania's new leader puts LNG scheme in frame", Upstream,* ***8 April 2021.***

"Equinor and Shell have been looking to develop an LNG plant at Lindi in the southeast African country for a number of years.

However, talks on a host government agreement and other terms for the $30 Billion project's development in 2019 **Tanzania suspended talks with the foreign investors to pave the way for a review of the country's Production Sharing Agreement (PSA) regime ordered by then President John Magufuli.**

Equinor and ExxonMobil hold the license for Tanzania's Block 2, which is believed to hold some 20 Tcf of gas, while **Shell** operates Blocks 1 and 4 - with estimated reserves of around 16 Tcf of gas - in partnership with Indonesia's MedcoEnergi and Singapore's **Pavilion Energy.**" - in **"Shell, Equinor urge Tanzania to act 'now' to conclude LNG project talks"**, S&P Global, **14 April 2021.**

"It aims to help smallholder dairy farmers to partner with milk processors and thus increase the production, collection, processing and sale of high quality milk, and as part of this initiative, the **Bill and Melinda Gates Foundation** has floated a grant of $7 Million to strengthen the implementation of the project.

Prime Minister Kassim Majaliwa officiated at the launching event where Tanzania Agriculture and Development Bank and the Bill and Melinda Gates Foundation signed the agreement.

Marcella McClatchey of the Bill and Melinda Gates Foundation declared that the foundation will continue supporting Tanzania in various fields for the development of people and the country's economy." - in "TADB, Bill and Melinda Gates in $147m dairy project accord", The Guardian, Tanzania, **8 March 2022.**

"Equinor ASA (Equinor) is a Norway-based energy company **engaged in oil and gas exploration and production activities.**

The company is controlled by the Government of Norway (with a shareholding of 67%).

BlackRock Investment Stewardship (BIS) has engaged regularly with Equinor over the last several years to discuss a range of corporate governance and sustainable business matters that we believe contribute to a company's ability **to deliver durable, long-term shareholder returns our clients** depend on to meet their financial goals.

This has included discussions on material climate risks and **opportunities, which BlackRock believes can be a defining factor in companies' long-term prospects."** - in "Vote Bulletin: Equinor ASA", BlackRock, 11 May 2022.

Top Shell Shareholders

Top Mutual Funds Holding Shell PLC

Mutual fund	Stake	Shares owned	Total value ($)
Vanguard Total International Stoc...	1.33%	98,951,184	2,963,689,881
Vanguard Developed Markets Index ...	0.74%	55,165,383	1,652,260,041
Vanguard Wellington Fund	0.64%	47,927,053	1,435,464,602
Vanguard Invt. Fds. ICVC - FTSE U...	0.57%	42,133,929	1,261,954,571
BlackRock ACS I - UK Equity Track...	0.54%	40,130,045	1,201,936,182
Blackrock CIF - iShares UK Equity...	0.48%	35,679,738	1,068,644,903

- in "CNN Money", 11 June 2022.

Top Equinor Shareholders

Top Mutual Funds Holding Equinor ASA

Mutual fund	Stake	Shares owned	Total value ($)
Vanguard International Growth Fun...	0.45%	14,621,654	560,869,833
Vanguard Total International Stoc...	0.38%	12,447,735	477,480,800
Vanguard Developed Markets Index ...	0.21%	6,933,742	265,970,369

- in “CNN Money”, 11 June 2022.

Top Exxon Mobil Shareholders

Top Owners of Exxon Mobil Corp

Stockholder	Stake	Shares owned	Total value ($)
The Vanguard Group, Inc.	8.26%	347,842,779	33,392,906,784
BlackRock Fund Advisors	4.68%	196,969,122	18,909,035,712

Top Mutual Funds Holding Exxon Mobil Corp

Mutual fund	Stake	Shares owned	Total value ($)
Vanguard Total Stock Market Index...	2.91%	122,765,419	11,785,480,224
Vanguard 500 Index Fund	2.17%	91,575,723	8,791,269,408
Vanguard Value Index Fund	0.84%	35,361,077	3,394,663,392
Vanguard Institutional Index Fund	0.75%	31,648,611	3,038,266,656
Vanguard Energy Index Fund	0.56%	23,604,402	2,266,022,592

- in “CNN Money”, 11 June 2022.

The New National Science and Technology Council

"Prime Minister Boris Johnson has unveiled plans today to ensure the UK's world-leading science and ideas turn into solutions for public good, **as part of ambitions to become a global science superpower.**

A new National Science and Technology Council will be established and chaired by the Prime Minister.

It will provide strategic direction on the use of science and technology as the tools to tackle great societal challenges, level up across the country and boost prosperity around the world.

The Prime Minister has also asked Chief Scientific Adviser Sir Patrick Vallance to head up a new Office for Science and Technology Strategy, based in the Cabinet Office, and take up the role of the new National Technology Adviser, in addition to his current role as the Government's Chief Scientific Adviser and head of the Government Office for Science.

The Office will support the ministerial council and the National Technology Adviser to drive forward the strategy of Whitehall's science and technology priorities from the centre.

The Office will also identify what is needed to secure and protect the capability in science and technology required in the UK **to deliver the government's ambitions.**

The UK's successful vaccine and therapeutics programmes has proven how science can deliver real, meaningful benefit to the British people and **transform lives around the world.**

The Prime Minister is tasking the whole of government, working with the new council and office, to take the success of the UK's approach to vaccines and apply it to other priorities – **setting bold visions, acting with speed, and taking risks, which can bring high rewards and benefits to the UK.**

The government is currently investing £14.9 Billion in Research and Development (R&D) in 2021-22, meaning

government R&D spending is now at its highest level in real terms for four decades." - in "Prime Minister sets out plans to realise and maximise the opportunities of scientific and technological breakthroughs", Downing Street, GOV.UK, 21 June 2021.

The New Variant Assessment Platform

"One year on from its launch, the **New Variant Assessment Platform (NVAP)** will continue expanding its work to other countries and regions worldwide to help global health security efforts.

Nine countries and territories have now received direct support from NVAP **to improve early detection of variants,** putting the world in a stronger position **to respond to newly emerging variants of SARS-CoV-2.**

Set up a year ago and led by the UK Health Security Agency (UKHSA), NVAP helps enhance global efforts to combat coronavirus (COVID-19) by giving international access to the **UK's world-leading sequencing and virus assessment expertise.**

The UK is uniquely positioned to help address global sequencing capability gaps.

The UK total of 2.7 million SARS-CoV-2 genomes uploaded to the international GISAID database is the largest total of any country after the US, and accounts for approximately a quarter of all sequences uploaded globally.

Through NVAP, UKHSA is already working with:

Brazil
Ethiopia
Kenya
Nigeria
Pakistan
Chile
Trinidad and Tobago

The Cayman Islands
Singapore

NVAP boosts existing capacity and technical expertise on genomic sequencing for countries and territories.

It has provided sequencing reagents and kits for many international partners, facilitated scientific exchanges with UKHSA experts and conducted structured training on bioinformatics, characterisation of variants, risk assessment and advice on biological assessment on variants.

The programme is a significant example of the UK's contribution to the World Health Organization's (WHO) global genomic surveillance 10-year plan and works with other international partners to coordinate global efforts on improving genomic sequencing worldwide.

Partnerships with individual countries are bespoke and based on the specific needs of the particular country, whether that be training of scientists, provision of supplies or equipment, expert advice on development of genomic sequencing systems, or arranging for samples to be sequenced in UK laboratories.

Over the coming year, NVAP will continue to work with the WHO Eastern Mediterranean region to improve regional genomic sequencing hubs in:

Oman
Abu Dhabi
Morocco

It will also continue to work with **WHO South-East Asia, WHO Europe, Africa Centres for Disease Control and the Caribbean Public Health Agency** to provide technical assistance, training and procurement of reagents.

Further partnerships are in development and will be set out in due course." - in "UKHSA expands support to help countries identify emerging variants", 23 May 2022.

Memorandum of Understanding Between the United Kingdom & Sweden regarding Life Sciences

"Recognising the importance of a range of actors to a vibrant and dynamic life sciences sector, including **enterprises, higher education institutions, non-profit organisations, and the public sector (including research and innovation funders).**

Recognising the potential for the United Kingdom and Sweden's life sciences sectors to tackle shared international health challenges, have reached the following understanding on areas for future bilateral cooperation.

The participants will continue to pursue opportunities that advances in medical technologies, and techniques enable to benefit health outcomes in their countries and **globally**, building on areas of excellence on both sides.

The participants intend that early areas of cooperation may include:

1. **Early diagnostics**
2. **Genomics**
3. **Clinical trials**
4. **Regulatory innovation**
5. **Implementation of innovation**
6. **Manufacturing processes**
7. **Sustainability in the life sciences sector**
8. Antimicrobial resistance

The United Kingdom and Sweden have a long-standing trade and investment relationship and as global leaders in life sciences, there is the opportunity to strengthen this further through business development and collaborative opportunities.

In particular, supporting innovative small and medium-sized enterprises in both countries has the potential to create new jobs, expand trade and stimulate economic growth.

The participants will support further cooperation through the exploration of opportunities in each market and developing a shared understanding of any barriers to trade and investment.

This may include specific therapeutic areas or best practice of, for example, clinical trials.

> ***There is an opportunity for the participants to collaborate and utilise their Life Science expertise in the area of Pandemic Preparedness,*** *for example* ***through implementation of the 100 Days Mission, a Global Public-Private ambition to harness scientific innovation*** *to have safe and effective:*
>
> ***1. Diagnostics***
> ***2. Therapeutics***
> ***3. Vaccines***
>
> ***DTV's ready to be deployed within the first 100 days of a Future Pandemic threat being identified."***

- in "GOV.UK", 27 May 2022.

The Trojan Horses in Brazil

"A Team of Brazilian, and UK scientists Prof Luiz Mello (FAPESP), Dr Nuno Faria, Prof Deborah Ashby, Prof Neil Ferguson (Imperial SPH) played a key role in identifying COVID-19 variants, such as P.1 .

The CADDE Centre, which is based at Imperial, analysed the first COVID-19 cases and identified the first COVID-19 variants of concern in Brazil.

Within 48 hours of the first confirmed cases, CADDE scientists sequenced SARS-CoV-2 in Brazil in late February 2020.

In January 2021, the team sequenced the first cases caused by P.1, Gamma variant of concern, in Manaus.

The Centre for Arbovirus Discovery, Diagnosis, Genomics and Epidemiology (CADDE), brings together Academics from Imperial College London, University of Oxford, and partners in Brazil, and is at the forefront of genomic analysis and the COVID-19 response in Brazil.

The Centre is jointly lead by Dr Nuno Faria at Imperial College London, and Professor Ester Sabino at the University of São Paulo.

The Director of the São Paulo Science Foundation (FAPESP) Professor Luiz Mello, visited the CADDE team at their new laboratory at Imperial College's.

The CADDE team builds on experience from the ZiBRA project during the Zika Epidemic in 2017, and the Yellow Fever Epidemic in 216-2018 during which **genomic surveillance capability in Brazil was mobilised.**

Funded by the Medical Research Council (MRC), this Brazil-UK partnership team provide important epidemiological information about the spread of these diseases.

The Centre for Arbovirus Discovery, Diagnosis, Genomics and Epidemiology (CADDE), launched in 2019, brings together academics from Imperial College London, University of Oxford, and partners in Brazil, and is at the forefront of genomic analysis and the COVID-19 response in Brazil.

> ***"We developed partnerships with national and international research and public health teams including the Brazilian Ministry of Health, COG-UK, the Arctic Network, and the World Health Organisation (WHO). These networks helped us to rapidly build sequencing capacity and share findings with partners from all over the world."*** *- Dr Nuno Faria*

This unique partnership between the University of Sao Paulo and several UK based Universities is supported by the Medical Research Council (MRC), and the São Paulo Science Foundation (FAPESP).

1. **First COVID-19 sequence Brazil, within 48 hours of the first confirmed cases, CADDE scientists sequenced SARS-CoV-2 in Brazil in late February 2020.**
2. **The viral genomes were made available on the GISAID global data sharing platform for SARS-CoV-2 genomes.**
3. **Computational models utilizing subsequent SARS-CoV-2 genomes from Brazil helped the team monitor the global spread of the virus, and the track impact of non-pharmaceutical interventions on SARS-CoV-2 spread in Brazil.**
4. **CADDE scientists have developed an extensive network of collaborators across the world."** - in **"Brazil-UK team played vital role in COVID-19 response"**, Imperial College London, 11 May 2022.

Fourth Wave of Covid in Brazil?

"A new increase in Covid-19 cases and hospitalizations caused by the disease was observed in all regions of the country in the last week, as shown in the recent **InfoGripe bulletin, from the Oswaldo Cruz Foundation (Fiocruz).**

The increase is seen with concern.

Even with reasonable vaccination coverage, we have a population that vaccinates less effectively - people over 80 years of age or immunosuppressed - and we still have **long-term Covid.**

The Neuroscientist Miguel Nicolelis alerted on Twitter (26 May 2022), to the possibility of a new wave.

Knowing about the correct forecasts during the pandemic, **the researcher argued that** not taking protective measures **could create "a true state of chaos" in Brazil.**

The latest InfoGripe bulletin showed that Covid-19 became the main cause of severe acute respiratory syndrome (SARS) in the country." - in "Fourth wave of Covid? Understand the current situation of the pandemic in Brazil", Metrópoles, Brazil, 29 May 2022.

> ***"Miguel Nicolelis joined Duke University*** *as an Assistant Professor of Neurobiology in 1994, founder and Director of the Center for Neuroengineering, foreign* ***member of the French Academy of Science,*** *and a full member of the Brazilian Academy of Science. Was the Editor-in-Chief of Frontiers in Neuroscience and has given lectures in such prestigious venues as a* ***Nobel Symposium*** *in Stockholm, and the* ***World Economic Forum (WEF)*** *in Davos.* ***Received the NIH Director's Pioneer Award in 2010, and presented the NIH Director's Lecture in 2019."*** *- in "Duke University", 2022.*

Blanver Farmoquímica e Farmacêutica

*“**Acting in the development, manufacture and commercialization of medicines and active pharmaceutical ingredients made Blanver a specialist in the HIV,** Hepatitis and Osteoporosis segments, **offering products in Brazil through partnerships with the Ministry of Health,** and laboratories officers.” - in “Blanver Farmoquímica e Farmacêutica”, 2 June 2022.*

“**In Brazil, 694,000 patients are being treated for HIV,** according to the Ministry of Health.

The companies CYG Biotech, and Nortec Química are part of Blanver.

Of the **cocktail of 22 drugs used against AIDS** in Brazil, 5 are purchased from Lafepe - responsible, back in the 1980s, for Brazilians access to the first antiretroviral drug that was part of the anti-HIV cocktail.

“And this first-line drug represents an important advance in the **fight against the virus.**” - in “Blanver enables 100% national therapy against HIV in the SUS”, Panorama Farmaceutico, 5 April 2022.

PDS Biotech Consortium Covid-19 Vaccine Commercialisation

*“**PDS Biotech, and Farmacore announce Blanver to Join Consortium to Commercialize** Novel Versamune-Based T-Cell **Inducing COVID-19 Vaccine. Blanver will manufacture, promote, distribute, and commercialize the Versamune-based COVID-19 vaccine in Latin America.”** - “Financial Times”, 23 February 2021.*

The Trojan Horses in South-Africa

"**Tulio de Oliveira is a Brazilian, Portuguese, and South African** permanent resident **professor of bioinformatics at the University of KwaZulu-Natal and Stellenbosch University, South Africa, and associate professor of global health at the University of Washington.**

He has studied outbreaks of chikungunya, dengue, hepatitis B and C, HIV, SARS-CoV-2, yellow fever and Zika.

During the COVID-19 pandemic he led the team that confirmed the discovery of the:

Beta variant of the COVID-19 virus in 2020, and the

Omicron variant in 2021.

He gained fellowships to **Oxford University, Wellcome Trust** Sanger Institute, and Edinburgh University, and in 2015 was appointed professor.

In 2017, he founded the KwaZulu-Natal Research Innovation and Sequencing Platform (KRISP), and in **2021 he founded the Centre for Epidemic Response and Innovation (CERI), to sequence and trace epidemics.**

From 2004 to 2006 he was a Marie Curie research fellow at **Oxford University.**

In 2015 he was a Newton advanced fellow at the **Wellcome Trust** Sanger Institute at Edinburgh University and in the same year was appointed professor of bioinformatics at University of KwaZulu-Natal.

In 2017, **he founded KwaZulu-Natal Research Innovation and Sequencing Platform (KRISP), which has sequenced and traced dengue, Zika, HIV and tuberculosis, in addition to SARS-CoV-2.**

In 2018, **he was appointed as an associate professor of Global Health at the University of Washington.**

In July 2021, he became a professor of bioinformatics at Stellenbosch University's School for Data Science and Computational Thinking.

He has hypothesised that large groups of previously-infected people with declining immunity directly drive the emergence of "variants of concern".

If simultaneously there is a high level of transmission, then declining individual immunity may fail to prevent re-infection and if the virus is not cleared in enough people, **"new dangerous mutations"** may become more likely, as the virus survives and goes on to infect more people.

Subsequently, as **principal investigator and leader of the Network for Genomic Surveillance in South Africa, he led the team that confirmed and alerted authorities of the Omicron variant**, first sequenced in Johannesburg's Lancet Laboratory, **as a new variant in 2021.**

After first alerting authorities to the Omicron variant in South Africa, de Oliveira contended that the origin is unknown.

De Oliveira was included in a list of 10 scientists with important roles in scientific developments in 2021 compiled by the scientific journal Nature.

De Oliveira was included in a list of the leader of genomics surveillance as one of the 10 breakthrough technologies in 2022 compiled by the scientific journal MIT Technology Review.

Received the Gold Medal Award from the South African Medical Research Council (SAMRC) in 2022.

In the same year, for his contributions to society, he received the Batho Pele Award from the Government of South Africa." - in "Tulio de Oliveira", Wikipedia, 31 May 2022.

Why a Brazilian in South Africa?

Well well-being Southern Africa has 2 large Portuguese speaking countries so to have a Trojan Horse that speaks Portuguese, that is capable of exerting control of neighbouring countries of Angola and Mozambique is crucial

"In December 2020, South Africa detected the Beta variant and in May 2021 the Delta variant, thanks to robust genomic surveillance.

Professor Tulio De Oliveira, a renowned bioinformatician **who identified the Beta variant.**

Professor De Oliveira is the Director of the KwaZulu-Natal Research Innovation and Sequencing Platform (KRISP) and Centre for Epidemic Response and Innovation (CERI) based in South Africa.

"Genomic sequencing has been very important for the COVID-19 response.

New variants are forming all the time, so genomic data has guided countries to make quick and informed public health decisions since the start of the pandemic.

For example, we immediately informed our Ministry of Health and our President Cyril Ramaphosa when we discovered the Beta variant in South Africa very early in our second wave.

Within a day, new legislation was drafted so the country could be put on a higher lockdown level.

It took less than 48 hours of knowing about the new variant to do that, and it was the same with the Delta variant in the third wave.

Genomic data basis of South Africa's decision to use Johnson & Johnson and Pfizer COVID-19 vaccines.

At KRISP & CERI we really believe it's important to scale up genomic sequencing in the region in a wholistic and sustainable way working with partners like World Health Organization, WHO and Africa Centres for Disease Control and Prevention (Africa CDC).

By having a system involving Academic Organizations and Private Sector, countries can tap into a bountiful network of facilities that already exists.

This is something we implement in South Africa which **we picked up from the United Kingdom. It has proven to be highly efficient and effective. Partnerships at the regional level are also very important.**

The Sequencing Laboratory Network for COVID-19 and Emerging Pathogens set up by WHO and Africa CDC last year is an example of one of the initiatives available to countries to build capacity and sharpen their skills.

There are 3 tiers of laboratory networks being developed in the Region.

We have the specialized genomic centres (such as CERI-KRISP), the Regional genomics facilities and then you have the national laboratories.

We have been using genomic surveillance to understand transmission and drug resistance of **pathogens like HIV and tuberculosis.**

Dengue,
Chikungunya, and
Yellow Fever Virus

are good examples of how efforts to identify the genotypes of variants has helped us select the best possible diagnostics, vaccines and therapies.

This field has also proven to be important to identify new zoonotic transmission of diseases such as:

Ebola,
Marburg, and
Lassa Fever.

But this is just the tip of the iceberg.

There is so much value in genomic surveillance for public health in Africa, and we must continue to invest in these three-tiers of laboratories and work to help and support each other.

The spotlight is on COVID-19 now, but we must seize this opportunity to build sustainable infrastructure for the future." - Professor Tulio De Oliveira, in "Why genomic sequencing is crucial in COVID-19 response", Regional Office for Africa, WHO, 4 October 2021."

> ***"The World Health Organization has warned of a "Tsunami" of infections from Delta and Omicron variants that could overwhelm health systems."*** *- in "BBC", 31 December 2021.*

Angelique Coetzee

"**Chair:** I now welcome our next witness, from South Africa, **Dr Angelique Coetzee, MD is the chair of the South African Medical Association** and was one of **the first clinicians in that country to have detected what turned out to be the presence of the Omicron variant.**

Dr Angelique Coetze, MD - The transmissibility of the Omicron virus is most probably equal currently to Delta and **it might be more transmissible than Delta.**

Chair: I have a question about the severity of the disease that is associated with Omicron compared to Delta.

What is your experience so far in South Africa?

Dr Coetzee - First of all, regarding primary healthcare, the predominant picture that we are seeing here is of a mild disease.

However, **we see a different picture in hospital admissions, especially around unvaccinated people—the majority are unvaccinated.**

Unfortunately, in our hospitals in ICU, **we do not have the stats to determine whether it is Omicron versus Delta.**

We do sequencing in about 1 per 200 patients.

We only look at the clinical picture.

If we look at current cases in the ICU, **our ICUs are still not overwhelmed by Covid cases.**

When we report our hospital admissions, there is a mix of people incidentally found to be positive with Covid-19 **admitted for other diseases** than Covid-19, and there will be people in ICU who are there predominantly with Covid-19.

Our death rates, unfortunately, are also reported as just Covid-19 death rates.

Although our death rates are quite low, everyone admitted to ICU is always a severe case, but we cannot comment on whether it is Omicron versus Delta.

Aaron Bell: What we are voting on today in the House of Commons is not a lockdown, or even a plan C.

It is an extension of the **Mask Mandate**, which you have already mentioned, and there is a **Covid Pass**.

Some people are calling it a **Vaccine Passport; Vaccination, a negative Lateral Flow Test** or a recent recovery from Covid, will enable you to get into larger venues.

Do you think that is a proportionate reaction to **the threat of Omicron in the UK**?

Dr Coetzee: What I think it is important to do is, first, get your people to be vaccinated.

As I said, the boosters are necessary.

Get people to wear their masks.

Get people to stay away from big gatherings.

First, look at what is going to happen with your aged population.

Get people treated who have comorbidities.

Make sure that they follow the protocols.

Always remember that you will have the worried well." - in "Oral evidence: UK science, research and technology capability and **influence in global disease outbreaks**, HC 93", Science and Technology Committee, UK Parliament, 14 December 2021.

David Nabarro

"Dr David Nabarro, MD Special Envoy on Covid-19 for the World Health Organization (WHO), has made his career in the international civil service, working for either the Secretary-General of the United Nations, and the Director-General of the World Health Organization.

Since February 2020, he has helped the DGWHO deal with the COVID-19 pandemic.

Nabarro had previously worked at the London School of Hygiene and Tropical Medicine.

World Health Organization (1999–2005)

Nabarro joined the WHO in January 1999, as project manager of **Roll Back Malaria,** then moved to the Office of the Director General as executive director in March 2000.

In this capacity, he worked with the director general Gro Harlem Brundtland for 2 years on a variety of issues, including the Commission on Macroeconomics and Health, Health Systems Assessments and **the creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria.**

As part of this work, **he became for 1999-2001 a member of the board of directors of Medicines for Malaria Venture.**

UN System senior coordinator (2005–2014)

In September 2005, Nabarro was seconded from WHO and appointed senior UN system coordinator for avian and human influenza by secretary-general of the UN Kofi Annan to ensure that the UN system made an effective and coordinated contribution to the global effort to control the epidemic of avian influenza (also known as 'bird flu').

Special envoy on Ebola (2014–2015)

In August 2014, Nabarro was designated as special envoy of the UN Secretary-General on Ebola, with the responsibility for ensuring that the UN system makes an effective and coordinated contribution to the global effort to control the outbreak of Ebola.

This is something that public health experts in the affected locations, such as **Medecins Sans Frontières (a very left wing organization)**, claimed was due to a deeply flawed and delayed response by health and government officials.

In an interview later in 2015, once Ebola had largely been brought under control, Nabarro said that when he started working on Ebola in 2014.

He added that the international community had learned important lessons from the epidemic: "The world is going to be different as a result of this Ebola outbreak, much more confident, much more assured, and much, much more capable to ensure the well-being of its citizens."

Special adviser on Sustainable Development and Climate Change (2016–2017)

In January 2016, Nabarro was appointed special adviser on the 2030 Agenda for Sustainable Development by then UN Secretary-General Ban Ki-moon.

Candidate for WHO Director-General (2016–2017)

In September 2016, Nabarro was nominated by the UK's First May ministry to stand for the post of director-general (DG) of the World Health Organization (WHO).

An article co-authored by the UK's chief medical officer, Sally Davies, was published in The Lancet.

It outlined the criteria that the next DG of the WHO must fulfill.

Nabarro outlined his 4 priorities:

1. **Alignment with the Sustainable Development Goals**
2. **Transforming the WHO to respond to Outbreaks and Health Emergencies**
3. Trusted engagement with Member States
4. Advancing people-centred health policies.

Imperial College London Professor (2018–present)

In 2018 he was appointed Professor at the Institute of Global Health Innovation at Imperial College London and then appointed in 2019 as Co-Director.

COVID-19 Pandemic

On 21 February 2020, he was appointed as 1 of 6 Special Envoys from the DGWHO, **who were tasked to respond to the COVID-19 pandemic.**" - in "David Nabarro", Wikipedia, 31 May 2022.

"WHO is central to global health, security, and development, acts as the directing and coordinating authority within the international system for all health matters, setting standards and monitoring their implementation. **It also convenes a myriad of UN bodies, government agencies, civil society groups, and others as these standards are applied in response to specific health issues identified by member states — particularly those with global impact.**

In January, 2016, I wrote "The future leadership of WHO", The Lancet setting out the essential criteria that I thought the future DG would need. This was co-authored by global health leaders from Brazil, Thailand, Japan, and South Africa.

In 2005, for example, as fears of a human influenza pandemic were growing, it was Nabarro who was trusted to become the coordinator of the international system response. He translated the complex science of influenza and vaccination for health ministers, and galvanised action around the world. Following the Ebola crisis, he was the Chair of the Advisory Group on the Reform of HO's Work in Outbreaks and Emergencies with Health and Humanitarian Consequences." - Professor Dame Sally C Davies, Chief Medical Officer, UK Department of Health, in "The Lancet", 8 May 2017.

"We need one organisation with strong leadership and command that is able to respond quickly and coherently to health threats, including pandemics.
That organisation is WHO.

As the Constitution of WHO states, its purpose is:

'To act as the directing and coordinating authority on international health work... to establish and maintain effective collaboration with the United Nations, specialised agencies, governmental health administrations, professional groups and such other organisations as may be deemed appropriate. To assist governments, upon request, in strengthening health services and to furnish appropriate technical assistance and, in emergencies, necessary aid upon the request or acceptance of governments".

WHO does all of this - and much more." -

Sally C Davies, Department of Health, London, **UK**

Precious Matsoso, National Department of Health, Pretoria,
South Africa

Jarbas Barbosa Da Silva Junior, National Health Surveillance Agency (ANVISA), Brasilia, ***Brazil***

in "The future leadership of WHO", The Lancet, 23 January 2016.

Who Runs the World

"Who runs the world?

There's a reason why more and more protesters are showing up at the gatherings and offices of corporate lobby groups.

Made up of the movers and shakers from **large transnational corporation**s, **these groups shape policy to serve their own interests in ways which go far beyond legitimate political input.**

Citizens are now playing catch-up, pointing out that these groups have no legitimacy to write the rules of global governance. We shine a light on a few of the most powerful." - in "The Naked Lobbyist", 1 July 2002.

World Economic Forum (WEF)

Lobbying Organisation based in Cologny, canton of Geneva, Switzerland.

Registration on EU Transparency Register
953426816942-83 First registered: 14 April 2015.

Website: www.weforum.org

Goals, Remit: The World Economic Forum

1. International Organization for Public Private Cooperation committed to improving the state of the world.

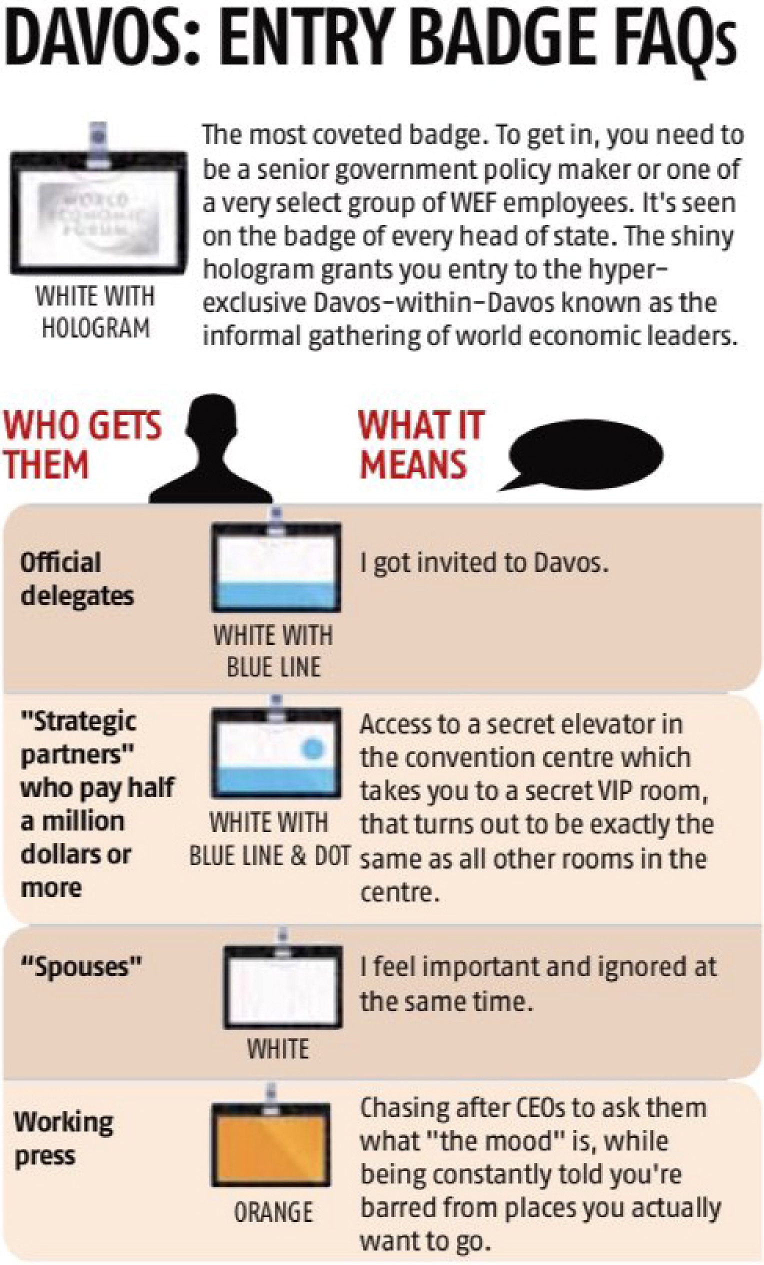
2. Engages political, business, academic and other leaders of society in collaborative efforts **to shape global, regional and industry agendas.**

Together with other **stakeholders**, it works to define challenges, solutions and actions, always in the spirit of **global citizenship.**

3. Serves and builds sustained communities through an integrated concept of high-level meetings, research networks, task forces and **digital collaboration.**

4. Delivers unique value to its Partners, Members and Constituents through its Annual and Regional Meetings, its Centres dedicated to global, regional, and **industry issues**, its **future-oriented communities of New Champions**, its **expert networks of Global Agenda Councils**, its TopLink knowledge and interaction platform and the Forum Academy.

> *"The future is not just happening.*
> ***The future is built by us.***
> ***By a powerful community such as you here in this room."* -**
> *Klaus Schwab, World Economic Forum chairman, addressing more than 2,500 political, business and media directors at WEF's Annual Summit, Davos, Switzerland, 23 May 2022.*



DAVOS: ENTRY BADGE FAQs

WHITE WITH HOLOGRAM

The most coveted badge. To get in, you need to be a senior government policy maker or one of a very select group of WEF employees. It's seen on the badge of every head of state. The shiny hologram grants you entry to the hyper-exclusive Davos-within-Davos known as the informal gathering of world economic leaders.

WHO GETS THEM		WHAT IT MEANS
Official delegates	WHITE WITH BLUE LINE	I got invited to Davos.
"Strategic partners" who pay half a million dollars or more	WHITE WITH BLUE LINE & DOT	Access to a secret elevator in the convention centre which takes you to a secret VIP room, that turns out to be exactly the same as all other rooms in the centre.
"Spouses"	WHITE	I feel important and ignored at the same time.
Working press	ORANGE	Chasing after CEOs to ask them what "the mood" is, while being constantly told you're barred from places you actually want to go.

Source: Reuters

The Next "Pandemic"

"We'll have another pandemic.

It will be a different pathogen next time.

I do think in the next decade, we can come up with an eradication vaccine.

That's an aspiration, not a guarantee." - **Bill Gates**, in "Munich Security Conference", **18 February 2022.**

> ***"We need more money to plan for the second pandemic.***
> ***There's going to be another pandemic.***
> ***We have to think ahead.***
> *And that's not something the last outfit did very well.*
> ***That's something we've been doing fairly well.***
> ***That's why we need the money." - Joe Biden,*** *in "The White House",* ***21 June 2022.***

How to Prevent the Next Pandemic

“If we **make the right investments,** we won't need to **live in fear** of another Covid.

We can build a Health System that is ready **to stop outbreaks** before they go global.

Here is how it should work:

Epidemiologists will detect suspicious clusters of a disease that could cause a pandemic.

A Global Team of 3000 Disease Experts managed by the World Health Organization (WHO) called the GERM Team, will track the disease and share data and recommendations with Governments.

Governments & Pharmaceutical Companies will work together to use factories all over the world to get unprecedented scale of Diagnostics & Vaccines very quickly.

We'll have an agreed Protocol.

We'll understand how to share the results globally, **Countries and the WHO** will work and the best way to allocate these tools and to make sure that we have the logistics and delivery to get them to everyone who needs them.

The key to be ready for a potential pandemic is to practice, and so **this GERM Team will work with each country to do Germ Games drills**, where, you see, are you ready, could you **get the diagnostics out**, so we're ready to go when we see the outbreak.

Diseases are always going to spread among humans but they don't have to become pandemics.” - Bill Gates in “How to Prevent the Next Pandemic”, 30 April 2022.

Global Preparedness Monitoring Board - 2019

"In September 2019, the **Global Preparedness Monitoring Board**, a creation of the WHO and the World Bank, **advised countries to prepare for a potential: "lethal respiratory pathogen" by investing in "innovative vaccines and therapeutics,** surge manufacturing capacity, broad-spectrum antivirals and appropriate non-pharmaceutical interventions." They further advised that "**all countries must develop a system for immediately sharing genome sequences of any new pathogen.**

We extend our deep appreciation and thanks to the Director-General of the World Health Organization and to the President, World Bank Group for having co-convened the Global Preparedness Monitoring Board (GPMB).

Finally, we are grateful for the financial support provided to the GPMB Secretariat from the Government of Germany, the Bill and Melinda Gates Foundation, the Wellcome Trust" - in "A World at Risk", Annual report on global preparedness for health emergencies, Global Preparedness Monitoring Board, WHO, September 2019.

The Next "Pathogen"

"I have always said that, I think **the Covid Pandemic was a wake-up call**, I don't believe it's the great pandemic.

I believe the great pandemic is still in the future, and that's going to be a Bird Flu Pandemic for man, it's going to have significant mortality in the 10% to 50% range, it's going to be trouble, and we should get prepared for it.

I do believe that the pandemic risk, is **a greater risk of the national security** of the United States than, Korea, China, Russia, Iran. **And we ought to start investing proportional to that national security risk that we're prepared."** - **Dr Robert Redfield, Virologist, former Director of the Centers for Disease Control and Prevention**, and the Administrator of the Agency for Toxic Substances and Disease Registry from 2018 to 2021, in "Centerpoint", TBN, 30 March 2022.

Just on the Issue of Instruments and Treaties

"The World Health Assembly was convened at the end of this month with Dr Tedros for only the second time in its history in an extraordinary meeting to consider one issue, one agenda item, and one agenda item only, and that is the need for and the merits of concluding **a new agreement or framework treaty, convention that would allow the world to react collectively in preparedness and response to the next pandemic.**

That will be led by our member states, and it's going to be a very important convening of all the member states of WHO with the Director-General to consider that very question.

I think it's a very, very important moment in the history of global public health, and as the Director-General has said before, a generational moment to consider the future of pandemic preparedness and response." - Dr Mike Ryan, WHO Executive Director of the HWO Programme of Emergencies, "COVID-19 Virtual Press conference", WHO, 4 November 2021.

"While fighting the pandemic now, we need to prepare for the long term and that's why, as Mike said, we are now going to have a special session of the World Health Assembly at the end of this month to discuss the need for a pandemic treaty.

If this COVID pandemic cannot be a catalyst for change it's very difficult to understand what could be a catalyst.

That's why the treaty, the discussion or the assembly to discuss the treaty is very timely, very crucial and I hope the world will agree to have a treaty or agreement that can help us to fight the next pandemic in a better way." - Dr Tedros, WHO Director-General, "COVID-19 Virtual Press conference", WHO, 4 November 2021.

Taking Away Sovereignty from Every Single Nation

"We need to remember is that the World Health Assembly is the decision making body of the World Health Organization.

And all this started off with something called the Global Preparedness Board.

Which includes the likes of **Dr Fauci, Sir Jeremy Farrah, the past Prime Minister of Norway and Representation from the Bill Gates Foundation.**

The aim of this WHO Pandemic Treaty is:

> ***"To identify the most urgent needs and actions required to accelerate preparedness, a health emergencies, focusing on in particular biological risks, manifesting as epidemics and pandemics."***

Now, this is using an all in one government approach.

So basically is super national law.

This will over override everything that we have nationally so that if the World Health Organization wish to call a pandemic or an epidemic, it means that 193 Governments, which have signed up to this International Treaty will all have to act in unison, go into lockdowns, mandate different kinds of medications, recommend vaccinations, even, compulsory mandate them.

This this is the World Health Organization.

Huge powers, and it's taking away sovereignty from every single nation, that's actually signed up to it, and this is very very dangerous. This means that basically we are ruled by the WHO, who of course are in partnership with the United Nations." - Debbie Evans, RGN, in UK Column News, 30 March 2022.

The CDC Removes 24% of Deaths linked to COVID-19

"Some of the pediatric deaths attributed to Covid-19, according to a search of the CDC's Wonder system, include deaths where drowning or drug use was listed as the primary cause of death." - in "CDC Removes 24 percent of Child Covid-19 Deaths, Thousands of Others", The Epoch Times, 18 March 2022.

> *"One (1) day after taking office Joe Biden signed Executive Order No. 13998 which ordered the CDC to develop a Mask Mandate, and for the other 8 Federal Agencies like the TSA to get ready to implement that mandate. This particular order it covered Airports, Public Transportation, Buses, Trains.*
> ***The CDC then dutifully got to work following the "Science", rather than the edicts of politicians and 9 days later on 28 January of 2021 they officially came out with a mask mandate." - in "CDC Says Mask Mandate No Longer In Effect", Facts Matter with Roman Balmakov, 21 April 2022.***

The Covid-19 Vaccine Farce

"Our commercial revenue is based on preliminary estimates of COVID-19 vaccine sales and costs from Pfizer Inc., or Pfizer, that are likely to change in future periods, which will impact our reported financial results.

We may not be able to demonstrate sufficient efficacy or safety of our COVID-19 vaccine to obtain permanent regulatory approval in the United States, the United Kingdom, the European Union, or other countries where it has been authorized for emergency use or granted conditional marketing approval." - BioNTech, in "Annual Report on Form 20-F ("Annual Report"), for the fiscal year ended 31 December 2020.

"Governments worldwide, in the delusion of a "pandemic", have agreed to the most insane terms. For example, Big Pharma has stipulated in the leaked contracts that the purchaser of the "vaccines", ie the state, takes responsibility and responsibility for side effects. The benefits (sky-high margins on the vaccines) are reserved exclusively for Pfizer in the contracts, while the burdens and risks are passed on to society." *- in "Pfizer's secret strangulation contract: did the Netherlands sign this too?", Forum for Democracy (FVD), 30 July 2021.*

"Some partisans too smart to be anti-vax, but needing a reason to justify covid vaccine skepticism, pretend that it's somehow different from other vaccines when it is not. ***Vaccines don't eliminate viruses, they ameliorate them and their effects."*** *- Yair Rosenberg, writer and Teller of stories at The Atlantic, in "Twitter", 27 March 2022.*

"Stop jabbing now – my latest plea to Dame June Raine." *- Gillian Dymond in "Conservative Woman", 28 June 2022.*

"We did not find large differences in the median duration of viral shedding among participants who were unvaccinated, those who were vaccinated but not boosted, and those who were vaccinated and boosted." *- Julie Boucau, PhD, Caitlin Marino, BS,* ***Ragon Institute, Cambridge, MA;*** *James Regan, B.S.,* ***Brigham and Women's Hospital, Boston, MA****; Rockib Uddin, BS,* ***Massachusetts General Hospital, Boston, MA****; Manish C. Choudhary, PhD, James P. Flynn, BS,* ***Brigham and Women's Hospital, Boston, MA;*** *Geoffrey Chen, BA, Ashley M. Stuckwisch, BS, Josh Mathews, AB, May Y. Liew, BA, Arshdeep Singh, B.S., Taryn Lipiner, MPH,* ***Massachusetts General Hospital, Boston, MA****; Autumn Kittilson, BS, Meghan Melberg, BS, Yijia Li, MD,* ***Brigham and Women's Hospital, Boston, MA;*** *Rebecca F. Gilbert, BA, Zahra Reynolds, MPH, Surabhi L. Iyer, BA, Grace C. Chamberlin, BA, Tammy D. Vyas, BS, Marcia B. Goldberg, MD, Jatin M. Vyas, MD, PhD,* ***Massachusetts General Hospital, Boston, MA****; Jonathan Z. Li, MD,* ***Brigham and Women's Hospital, Boston, MA****; Jacob E. Lemieux, MD, DPhil, Mark J. Siedner, MD, MPH, Amy K. Barczak, MD,* ***Massachusetts General Hospital, Boston, MA;*** *Supported by grants (to Drs. Goldberg, J.Z. Li, Lemieux, Siedner, and Barczak) from the Massachusetts Consortium for Pathogen Readiness, a grant (to Dr Vyas) from the Massachusetts General Hospital Department of Medicine, and a grant (P30 AI060354, to the BSL3 laboratory where viral culture work was performed) from the Harvard University Center for Acquired Immunodeficiency Syndrome Research, in "Duration of Shedding of Culturable Virus in SARS-CoV-2 Omicron (BA.1) Infection", New England Journal of Medicine, 21 July 2022.*

Will Covid-19 Vaccines Save Lives?

"Covid-19 vaccine trials cannot tell us if they will save lives.

None of the current trials are designed to detect a reduction in any serious outcome such as hospitalisations, intensive care use, or deaths

Vaccines are being hailed as the solution to the covid-19 pandemic, but the vaccine trials currently underway are not designed to tell us if they will save lives, reports Peter Doshi, Associate Editor at The BMJ today." - in "Will covid-19 vaccines save lives? Current trials aren't designed to tell us", BMJ, 21 October 2020.

Children 52 Times More likely to Die Following a COVID Shot: Gov't Report

"Britain's Office for National Statistics (ONS) has released data indicating that children who received the COVID-19 jabs have suffered a death rate 54 times greater than that of their un-jabbed counterparts.

In December 2021, the ONS published age-standardized data on the mortality rates of individuals in 5-year age sets in Britain, grouped by their "vaccination" status for the COVID-19 shots.

The data accounts for the period from 1 January to 31 October 2021, (see: Table 9, ONS Report)." - in "British children up to 52 times more likely to die following a COVID shot: gov't report",LifeSiteNews, 2 February 2022.

Link to image table:
www.lifesitenews.com/wp-content/uploads/2022/02/Table9.3.png

No Vaccine Protects 100 percent - Not Even Against Severe Disease

"All vaccines against Covid-19 are effective and provide good protection against the disease.
Vaccines best protect against serious illness.
However, ***no vaccine protects 100 percent - not even against severe disease.***
It is therefore expected that *some* ***individuals will become infected despite being vaccinated."*** *- in "Förekomst av covid-19 efter vaccination",* ***Public Health Agency (Fohm), Sweden, 2 January 2022.***

The Vaccine Farce - 2019

"The vaccine didn't work against a flu bug that popped up halfway through the past flu season, dragging down overall effectiveness to 29%. The flu shot was working well early in the season with effectiveness put at 47% in February. But it was virtually worthless during a second wave driven by a tougher strain, at just 9%." *- in "This season's flu vaccine was no match for the bug that popped up near the end", NBC, 27* ***June 2019.***

Universal Flu Vaccines - 2013

"First, do no harm" is one of the core principles of medical practice and dates back to about the 4th century B.C., illustrates why we would do well to consider this maxim in our 21st century scramble to thwart infuenza. Vaccination against infuenza is a vexing problem. I distinctly recall the sobriety of a moment early in my training in the 1990s, when asking several of the investigators in the Laboratory of Infectious Diseases at the U.S. National Institutes of Health what it was like to have directed the phase I trial of the ill-fated formalin-inactivated respiratory syncytial virus vaccine in the 1960s that was associated with the subsequent death of several children." *- in "Universal Flu Vaccines: Primum Non Nocere", Science Translational Medicine, 28 August 2013.*

Recurrent Immune Thrombocytopenia After Influenza Vaccination - 2016

"Vaccines, mainly the measles-mumps-rubella vaccine, have also been associated with an increased risk of developing the disease. Some case reports of Immune thrombocytopenia (ITP) after influenza immunization in adults have been published. We report a child with 3 occurrences of ITP, each within 1 week of receiving the influenza trivalent inactivated vaccine. He recovered fully in-between the episodes, and no further episodes have occurred since discontinuation of seasonal influenza vaccination. To the best of our knowledge, this report is the first showing, with high probability, the influenza vaccine as a cause for ITP in a pediatric patient." *- in "Recurrent Immune Thrombocytopenia After Influenza Vaccination: A Case Report", Pediatrics, 8 November 2016.*

Children Who Get Flu Vaccine Have 3 Times Risk of Hospitalization For Flu - 2009

"The inactivated flu vaccine does not appear to be effective in preventing influenza-related hospitalizations in children, especially the ones with asthma. In fact, children who get the flu vaccine are more at risk for hospitalization than their peers who do not get the vaccine." *- in "Children Who Get Flu Vaccine Have Three Times Risk Of Hospitalization For Flu, Study Suggests", American Thoracic Society, Science Daily, 20 May 2009.*

Our Common Cold

"Over 50% of all acute and chronic diseases that affect children are due to the Common Cold, or coryza and its complications.
It is a disease of universal prevalence though it is more severe in climates of changeable weather.

Predisposing causes:

rapid changes in weather, exposures to drafts, insufficient or improper food, sinus infection, diseased tonsils or adenoids, exposure of parts of the body during the winter, overfeeding, especially of sweets, results in gastro-intestinal upsets thereby lowering vitality. Many a complication such as chronic sinus infection or middle ear disease which may terminate in a mastoiditis or even a brain involvement, may result.

Management of colds:

Diet plays a very important part in the prevention and treatment of upper respiratory infections.
Vitamin A has a direct effect in maintaining a healthy condition of the mucous membranes of the eyes, ears, nose and throat and is found in halibut oil, codliver oil, prunes, spinach, carrots, and most fresh vegetables and citrus fruits.
Ultra-violet helps build up the resistance." *- Dr Oscar M. Marchman, MD, in "Our Common Enemy, the Cold", Physical Therapy, July 1935.*

Thrombocytopenia Following Different Vaccines - 2019

"A boy developed immune thrombocytopenia 2 weeks after receiving his measles-mumps-rubella and varicella vaccines at 12 months of age.

He then had a recurrent episode 1 week after the booster doses of his quadrivalent diphtheria-tetanus-pertussis-polio, pneumococcal and meningococcal group C vaccines at 5 years of age.

He did receive the quadrivalent diphtheria-tetanus-pertussis-polio (Tdap-IPV) vaccine, along with pneumococcal and MenC booster doses.

One week after these immunisations, he developed bruising on his torso followed by a petechial rash.

Again, he had no history of any infectious symptoms, 8 days after the vaccinations, he was seen in the emergency department and again had thrombocytopenia.

The association of the live-attenuated MMR vaccine with immune thrombocytopenia (ITP) is well-described with a causal relationship affirmed in the 1994 Institutes of Medicine report.

There are several possible mechanisms to explain the pathogenesis of vaccine-associated ITP, the most likely being molecular mimicry, where epitopes in vaccine antigens, or even **adjuvants in the vaccine.**

Our patient's first episode of ITP occurred following his first dose of the live attenuated MMR vaccine.

It is possible for patients to have multiple episodes of ITP triggered by different vaccines." - in "Recurrent immune thrombocytopenia following different vaccines", BMJ Case Rep., 20 September 2019.

Pharmacologic Toxicology Associated with Synthetic mRNA (SmRNA) Vaccines

“Prof Bret Weinstein, Biologist - **I feel I was lied to, in the same way that doctors who were interested in the contents of the vaccine, and their durability in the cell were lied to.**

It's not novel to have an mRNA floating structure in the cytoplasm, so I have some sort of intuitive sense about what would mean about how durable the thing would be, **because for one thing the body doesn't like free mRNA's.**

Dr Robert Malone, MD, Biochemist – **[The body] it doesn't like foreign nucleic acids, absolutely hates foreign nuclear acids, it's got all kinds of barriers for good reasons.**

Bret Weinstein - The story, when the vaccines first came out, was that one of the challenges was **getting enough of the stuff intact into the cells, to get it to work.**

There's a lot of danger in this vaccine.

This isn't mRNA, in the standard sense, my standard model for mRNA doesn't work, it doesn't tell me how long.

It's as if you dropped a fibreglass log in the forest, logs in the forest they get eaten by termites and fungi, I know how long that takes, roughly depends on the forest, but whatever I've got some model, **well that fibreglass log might last an awfully long time in that forest because it's not really a log at all.**

Robert Malone – **So the log in the forest as the metaphor for the RNA, one of the things that has Dr Ryan Cole, and I really worried, and we've discussed how to do the experiment. Imagine that log in the forest, now we're going to place that log into the cell (metaphorically speaking), and that log has a function, it processes something that causes something to be made, that happens to be toxic. And yet the cell now** (or the forest and the metaphor) **can never degrade it, but that foreign thing that it makes can cause that cell to get attacked.**

Bret Weinstein - **Will cause it to get attacked.**

Robert Malone - If you're successful in generating an immune response and a T cell response, in particular **the cells that have that RNA that are making that spike protein will get attacked.**

Bret Weinstein - **At the point that they say; all right we've got a pandemic, we've got some vaccines, don't worry they're good vaccines.**

We've tested them, and you're trying to check whether or not what they're saying makes sense.

The question is how novel is that thing you want to inject into me, lipid nanoparticles red flag.

Robert Malone - **Should have been well characterized pharmaceutically.**

Bret Weinstein - **There ain't no natural version of that. That is a non-targeted mechanism for invading cells.**

Robert Malone - **In normal vaccinology the characterization of the Pharmacologic Toxicology associated with that component, if for instance, if we were to define it as an adjuvant, it would typically require years.**

Bret Weinstein – **So, that was one red flag. That one set me off. I could see that was a hazard.** It is what it is, but it's at least from the point of view of **the more novel your remedy is, the more likely it has consequences you don't know about that you're not going to like. Add on top of that, I missed that the payload also had a similar level of novelty here, which was that the mRNA wasn't really mRNA, it was very special mRNA.**

Robert Malone - **I suggest it should not be called mRNA, it is a long-lived polynuclear single-stranded polynucleotide, which can be translated.**

But it is really not mRNA, I think it deserves its own language.

Bret Weinstein – **It certainly, at least deserves another letter, something that will call your attention to the fact that there's a novelty mRNA.**

Robert Malone – **SmRNA, Synthetic mRNA**

Bret Weinstein – Or something like that.

Robert Malone – **There's two corollaries, with this long-lived RNA, or synthetic polynucleotides, single stranded polynucleotide.**

The pharmacokinetics, the degradation of it, the clearance of it in your body is super important.

If one is interpreting the range of adverse events that are temporarily (in other words with time), associated with the administration of the drug.

So we have been told, and it has been the dogma, that for instance as you analyse VEARS, or fill in the blank database, that we should really not focus on any adverse events, particularly things that look like acute adverse events as opposed to the delayed autoimmune things.

But Acute Adverse Events like Myocardial damage, that occur after about 2 weeks, those are considered probably just background noise from whatever the physiology of the person was, because it was assumed that the RNA only lasted a very brief period of time. Now, we functionally have to go back, **if we were being honest, if we were acting with integrity scientific integrity, we would go back and say:** "Oh darn, we miss that, we need to go back and analyse the full profile of data and adverse events, and recalculate the adverse event rate, because **we now know, that this thing sticks around your body for at least 2 months."**

Bret Weinstein - **You've got all of these people who believe that they have had injury from the vaccine.**

What is the injury?

How plausible is it that it came from the vaccine?

Well if you don't know that the mRNA isn't mRNA, and that it might be sticking around for a very long time.

Then the point is, the likelihood that those delayed reactions, are the result of the vaccine, skyrockets.

Robert Malone – **It means that all of our prior interpretation about correlation between Adverse Events, and the Inoculation** (I'm going to call it, I'm really trying to move away from calling these vaccines, they really no longer meet the criteria of vaccines), they're more like some sort of immunotherapeutic inoculation, again the **language matters, and the term vaccine is clearly overly broad**." - Dr Robert Malone, MD, Physician and Scientist, leading researcher and inventor of mRNA and DNA vaccination, and multiple DNA and RNA/mRNA platform delivery technologies, holds several patents in gene delivery, delivery formulations and vaccines: including DNA and RNA/mRNA vaccine technologies, in "What is causing adverse events in the novel inoculations", DarkHorse Podcast, 21 June 2022.

> ***"If you want to see if a side effect shows up two years later, that takes two years."*** *- Bill Gates, in "BBC Breakfast", BBC, 12 April 2020.*

> ***"Fraudsters only succeed when they depend on our desire to blind ourselves to the questions that would expose their lies. The longer these perils go unacknowledged the more powerful and dangerous they become."*** *- Dr Aseem Malhotra, MD, Cardiologist, FB, 9 August 2022.*

The Pathology of Lymphotoxic and Myelotoxic Intoxication

"Such in brief are the changes which take place in the; lymph glands, spleen, and bone marrow under the influence of certain cytotoxins.

The reaction of the organs named to the toxins are unmistakable, often surprisingly rapid, usually well marked, and at times profound.

The histological changes therefore are, to say the least, as striking as the effects in vitro and in corpore upon the circulating white cells.

If our observations are correct there should, moreover, be a noticeable difference between the effects of the several cytotoxins upon the circulating leucocytes.

Seeing that lymphocytotoxin brings about an increase in lymphoid elements almost exclusively, it should cause a lymphocytosis rather than a polymorphonuclear cytosis, while myelotoxin should, on account of the manner of its action, produce a mixed type of leucocytosis.

There is one more point worthy of attention.

In spite of **the striking hyperplasia of cells, the degeneration**s discovered were minimal.

In this respect **the glandular reactions, at least, are far behind those caused by microbic toxins."** - Dr Simon Flexner, MD, Professor of Pathology, in "University of Pennsylvania Medical Bulletin", November 1902.

The Production of Antisera by the Introduction of Foreign Proteids into the Circulating Medium of an Animal

"The demand that a serum, in order to be called specific, shall limit its injury to one organ only is unreasonable on the basis of the well known altruistic relations of the viscera.

In much of the work on cytotoxins the chemical side of the subject has been lost in the maze of pathological considerations involved.

The cell has been treated as though it was a definite chemical molecule; but it is my opinion that the time has now arrived when we can well afford to cease dealing with such complex factors as the intact cell and try to find out the details of this interesting matter." - S. P. Beebe, in "Cytotoxic Serum Produced by the Injection of Nueleoproteids", Journal of Experimental Medicine, 25 November 1905.

"Animals injected with serum of animals immunized against kidney tissue were found to develop renal lesions, and so the serum was said to be Nephrotoxic; similarly Hepatotoxic, Cardiotoxic, Neurotoxic, Thyrotoxic, and every other organ and tissue toxic serum was described.

Most of the first reporters described the serum as specific for the organ used in the immunizing, but soon it began to be noted that this specificity was at the best quantitative; that is, the organ against which immunity was sought was most affected, although other organs might also show more or less degeneration.

In some reports the type of organ furnishing the injected cells was even less affected by the immune serum than some of the other organs, particularly the liver and kidney.

Furthermore, the immune serum was found to contain substances agglutinating red corpuscles; and agglutinated

red corpuscles, by plugging up capillaries, are capable of causing much degeneration in many organs and tissues of the body.

Finally it became clear that injections of ground-up organs did not produce a specific immunity against the chief cells of that organ." - in "JAMA", 3 February 1906.

Nanotechnology mRNA Vaccines Cytotoxicity

"Nanotechnology is an exciting and recently developed field.

Research into their long-term effects upon the human body is relatively thin on the ground.

This includes their potential for cytotoxicity.

Nanoparticles can enter the body in several ways including: Ingestion, Absorption, Implantation, and Injection.

Once inside the body, their potentially cytotoxic effects include:

1. Spontaneous adsorption of proteins,

2. Interaction with cell membranes, DNA, Lipids, and Proteins.

These can elicit various Bioeffects such as:

1. Apoptosis ("cell death in which a series of molecular steps in a cell lead to its death", in National Cancer Institute, NIH, 2022),

2. Cell Membrane Disruption,

3. Inflammation,

4. Oxidative Stress.

A cytotoxic compound can cause cell damage or death, either through necrosis or apoptosis." - in "What is Cytotoxicity?", AzoNetwork, 14 September 2022.

Injection-Related Myocarditis Covid-19 Vaccine - 2021

"Following the global rollout and administration of the Pfizer Inc./BioNTech BNT162b2 and Moderna mRNA-1273 vaccines on 17 December 2020, in the United States, and of the Janssen Ad26.COV2.S product on 1 April 2021, in an unprecedented manner, hundreds of thousands of individuals have reported Adverse Events (AEs) using the Vaccine Adverse Events Reports System (VAERS).

We used VAERS data **to examine cardiac AEs, primarily myocarditis, reported following injection of the first or second dose of the COVID-19 injectable products.**

Myocarditis rates reported in VAERS were significantly higher in youths between the ages of 13 to 23.

Within 8 weeks of the public offering of COVID-19 products to the 12-15-year-old age group, we found 19 times the expected number of myocarditis cases in the vaccination volunteers over background myocarditis rates for this age group.

In addition, a 5-fold increase in myocarditis rate was observed subsequent to dose 2 as opposed to dose 1 in 15-year-old males.

Of the total myocarditis AE reports, 6 individuals died (1.1%) and of these, 2 were under 20 years of age - 1 was 13.

These findings suggest a markedly higher risk for myocarditis subsequent to COVID-19 injectable product use than for other known vaccines, and this is well above known background rates for myocarditis.

COVID-19 injectable products are novel and have a genetic, pathogenic mechanism of action.

When you combine this fact with the temporal relationship of AE occurrence and reporting, biological plausibility of cause and effect, and the fact that these data are internally and externally consistent with emerging sources of clinical data, **it supports a conclusion that the COVID-19 biological products are deterministic for the myocarditis cases observed after injection.**

Conclusions

These data are derived from a rushed, non-FDA-approved, ongoing investigational product roll-out, and our conclusions are thus limited by the information at hand.

In addition to the 12-15-year-old age group data being very early, it is vital to acknowledge that these reports represent a fraction of the actual total.

Thus, due to both the problems of under-reporting and the known lag in report processing, this analysis reveals a strong signal from the VAERS data that the risk of suffering Injection-Related Myocarditis – especially males is unacceptably high.

Again, children are not a high-risk group for COVID-19 respiratory illness, and yet they are the high-risk group for Injection-Related Myocarditis.

Efficacy of these products needs to be assessed by immunological assays and long-term studies are required, while safety needs to be evaluated by rigorous clinical, laboratory and imaging assessments of severe reported adverse events such as Injection-Related Myocarditis.

Autopsies should be done in cases of cardiovascular-related deaths temporally associated with COVID-19 injectables.

It is reasonable to use the precautionary principle in this particular setting since an alarming number of reports are coming from young males between the ages of 12 and 15.

Boys of these ages should be carefully monitored for warning signs of myocarditis which many may pass off such as pallor, chest pain, shortness of breath or lethargy, following dose 1 with the aim of seeking prompt evaluation and avoiding dose 2.” - in “A Report on Myocarditis Adverse Events in the U.S. Vaccine Adverse Events Reporting System (VAERS) in Association with COVID-19 Injectable Biological Products”, Current Problems in Cardiology, 1 October 2021.

Vaccines Ethical, Legal and Practical Considerations

"7.3. With respect to ensuring high vaccine uptake:

7.3.1. **ensure that citizens are informed that the vaccination is NOT mandatory and that no one is politically, socially, or otherwise pressured to get themselves vaccinated, if they do not wish to do so themselves;**

7.3.2. **ensure that no one is discriminated against for not having been vaccinated, due to possible health risks or not wanting to be vaccinated."** - in "Covid-19 vaccines: ethical, legal and practical considerations", Report, Doc. 15212, Parliamentary Assembly, Council of Europe, 11 January 2021.

> ***"As far as the safety of the vaccines is concerned, it is clear that serious, and potentially fatal adverse effects occur, such as thrombosis and myocarditis, and that these took months to identify. Long-term harms will be difficult to detect due to the short duration of the randomised trials, and will only become apparent in coming years. There have long been safety concerns about repeated exposure to mRNA technology. Repeated booster vaccines therefore represent cumulative risk for untested benefit. The harms of taking a vaccine are almost certain to outweigh the benefits to the individual, and the goal of reducing transmission to other people at higher risk has not been demonstrated securely. Respecting people's autonomy and bodily integrity is at the heart of human rights and medical ethics and the data currently available on the vaccines by no means justify over-riding these important principles. Coercing people to have a covid vaccine, either through the threat of legal sanctions or, in the case of mandates for occupational groups, by depriving people of their livelihoods***

> ***and careers, is not justified due to the prevailing uncertainty about the overall benefits of the vaccines, the unfavourable risk-benefit ratio for many groups, and, not least, the lack of data on long-term harms."*** *- in "Evidence is insufficient to back mandatory NHS staff vaccination, says House of Lords committee", BMJ, 3 December 2021.*

Vaccine Adverse Events Reporting System (VAERS)

VAERS was created in 1990 by the CDC and FDA as a means to collect and analyse adverse effects that are associated with vaccines.

"Typically, vaccine safety studies that are epidemiological based make inferences from the absence of specific problems.

Therefore, it is important to examine and consider surveillance and risk management systems and practices.

While the Vaccine Adverse Events Reporting System [VAERS] may be lauded as the "front line" of vaccine safety, the lack of enforcement provisions and effective monitoring of reporting practices preclude accurate assessments of the extent to which adverse events are actually reported.

Former FDA Commissioner David A. Kessler has estimated that VAERS reports currently represent **only a fraction** of the **serious adverse events**." - in "H. Rept. 106-977 - The Vaccine Injury Compensation Program: Addressing Needs and Improving Practices", 12 October 2000.

> ***"At end of the second week of June, more than 1,200 cases of myocarditis or pericarditis have been reported to the US Vaccine Adverse Event Reporting System."*** *- in "FDA adds heart inflammation warning to Moderna, Pfizer vaccines", Aljazeera, 26 June 2021.*

"Ukrainian health authorities are reviewing an incident in which a man died just hours after taking the Pfizer/BioNTech Covid-19 vaccine. The patient's death was logged as "an adverse event after immunization." *- in "Probe launched after Ukrainian man loses consciousness & dies just four hours after taking first dose of Pfizer Covid-19 vaccine", RT, 3July 2021.*

"Mortality has risen in younger age groups since 1st May 2021. *The increase in the 15-19 year old age group is particularly noticeable, especially as* ***deaths in this age group are uncommon.*** *An* ***increase in ambulance call outs for patients who have had a cardiac arrest or are unconscious showed a coincidental noticeable rise from May 2021. The period also coincides with the rollout of vaccination.*** *Office for National Statistics (ONS), have reported on a* ***striking rise in age adjusted mortality rates in those with only one dose that accelerated in May 2021 to levels far exceeding those in the unvaccinated."*** *- in "Recent deaths in young people in England and Wales", 11 October 2021.*

"In May, the Norwegian Medicines Agency reviewed case files for the first 100 reported deaths of nursing-home residents who received the Pfizer vaccine. The agency concluded that the vaccine "likely" contributed to the deaths of 10 of these residents through side effects such as fever and diarrhea, and "possibly" contributed to the deaths of an additional 26." *- in "Are Covid Vaccines Riskier Than Advertised?", WSJ, 22 June 2021.*

"Synthetic mRNA Suppresses Immune System, Possibly Leads to Cancer, Blood Clots, Fertility Issues, Spontaneous Abortions." *- Dr Robert Malone, MD, in "Facts Matter", Epoch TV, 6 May 2022.*

Serious Adverse Events Following mRNA Vaccination

"Using a prespecified list of Serious Adverse Events of Special Interest (AESI) identified by the Brighton Collaboration.

An increase in serious AESI was found in the mRNA COVID-19 vaccine group in both the Pfizer and Moderna adult phase III trials.

From 10.1 (Pfizer) to 15.1 (Moderna) additional events for every 10,000 individuals vaccinated over placebo baselines of 17.6, and 42.2 (95% CI -0.4 to 20.6 and -3.6 to 33.8), respectively.

Combined, **the mRNA vaccines were associated with an Absolute Risk Increase of Serious Adverse Events of Special Interest (AESI)** of 12.5 per 10,000 (95% CI 2.1 to 22.9).

The excess Risk of Serious Adverse Events of Special Interest surpassed the risk reduction for COVID-19 hospitalization relative to the placebo group in both Pfizer and Moderna trials (2.3 and 6.4 per 10,000 participants, respectively)." - in "Serious Adverse Events of Special Interest Following mRNA Vaccination in Randomized Trials", SSRN, 23 June 2022.

Canada Deaths With Unknown Causes Now Top Killer

"Alberta, Canada is reporting an unprecedented increase in ill-defined and unknown causes of death in 2021.

In 2021, ill-defined and unknown causes of death snagged the first spot with 3,362, up from 1,464 in 2020 and 522 in 2019, according to statistics from the Government of Alberta, Canada." - in "Deaths with unknown causes now Alberta's top killer: province", CTV News, 7 July 2022.

Two Doses Not Enough Canadians Required to get Covid-19 Shot Every 9 Months

"Canadian Health Minister Jean-Yves Duclos told reporters.

If you thought you were fully vaccinated, think again.

The previous definitions of "fully vaccinated" makes no sense, explaining that it's more important that shots are "up to date", and **whether or not a person has "received a vaccination in the last 9 months."**

He added:

> ***"We will never be fully vaccinated against COVID-19."***

Duclos was asked if he was **preparing Canadians for the return of vaccine mandates in the fall,** he reportedly replied:

> ***"We must continue to fight against COVID."***

- in **"'TWO DOSES ARE NO LONGER ENOUGH': Canadians required to get COVID shot every nine months"**, Toronto Sun, **4 July 2022.**

Canadians Should Consider a COVID-19 Booster Every 90 Days

> ***"A shorter interval of at least 3 months [90 days], may be warranted in the context of heightened epidemiological risk as well as operational considerations for the efficient deployment of the COVID-19 Vaccination Program."*** *- in "National Advisory Committee on Immunization statement", Canada,* ***1 September 2022.***

Energy Bill Price Rise May Cause Heart Attacks And Strokes

"Dr Amir Khan, MD, NHS Doctor, spoke out on ITV's Lorraine this morning: ***"Energy bill price rise may cause Heart Attacks and Strokes. There could also be an increase in Chest Infections, Mental Health Problems, and Ill-Health in Children."*** *- in "Energy bill price rise may cause heart attacks and strokes, says TV GP", Wales Online,* ***3 February 2022.***

FDA to Lift the Redaction of an Undisclosed Ingredient in the Pfizer Covid-19 Vaccine

*"**Informed Consent Action Network (ICAN) asked the Food and Drug Administration (FDA) to lift the redaction of an undisclosed ingredient in the Pfizer Covid-19 vaccine.***
The FDA refused.
ICAN was therefore forced to file a formal Freedom of Information Act (FOIA) request in order to have the redaction lifted.
*Only after this formal filing and public pressure – 15 days later – did the FDA produce to ICAN's attorneys unredacted documents which reveal that the **"proprietary" ingredient the FDA hid from the public was water."** - in "FDA Playing Games with the Public Regarding Covid-19 Vaccines", 1 October 2021.*

Covid-19 Vaccine Ingredients

Pfizer/BioNTech Covid-19 vaccine ingredients

This vaccine contains polyethylene glycol/macrogol (PEG) as part of ALC-0159.

- ALC-0315 = (4-hydroxybutyl) azanediyl)bis (hexane-6,1-diyl)bis(2-hexyldecanoate)
- ALC-0159 = 2-[(polyethylene glycol)-2000]-N,N-ditetradecylacetamide
- 1,2-Distearoyl-sn-glycero-3-phosphocholine
- Cholesterol
- Potassium chloride
- Potassium dihydrogen phosphate
- Sodium chloride
- Disodium hydrogen phosphate dihydrate
- Sucrose
- Water

Oxford/AstraZeneca Covid-19 vaccine ingredients

One dose (0.5 ml) contains: COVID 19 Vaccine (ChAdOx1-S* recombinant) 5 × 10^10 viral particles

*Recombinant, replication-deficient chimpanzee adenovirus vector encoding the SARS CoV 2 Spike glycoprotein.

Produced in genetically modified human embryonic kidney (HEK) 293 cells.

This product contains genetically modified organisms (GMOs).

The other ingredients are:

- L-histidine
- L-histidine hydrochloride monohydrate
- Magnesium chloride hexahydrate
- Polysorbate 80
- Ethanol (alcohol)
- Sucrose
- Sodium chloride
- Disodium edetate dihydrate
- Water

Moderna Covid-19 vaccine ingredients

This vaccine contains polyethene glycol/macrogol (PEG) as part of PEG2000-DMG.

This is a multidose vial that contains 10 doses of 0.5 mL.

The active substance in each dose is 0.10 mg mRNA encoding the pre-fusion stabilized Spike glycoprotein of SARS-CoV-2 embedded in lipid nanoparticles.

The other ingredients are:

- Lipid SM-102, cholesterol
- 1,2-distearoyl-sn-glycero-3-phosphocholine (DSPC)
- 1,2-Dimyristoyl-rac-glycero-3-methoxypolyethylene glycol-2000 (PEG2000-DMG)

- Trometamol (tris)
- Trometamol hydrochloride (tris HCl)
- Acetic acid
- Sodium acetate trihydrate
- Sucrose
- Water

Johnson and Johnson Covid-19 vaccine ingredients

The active substance is Adenovirus type 26 encoding the SARS-CoV-2 spike glycoprotein** (Ad26.COV2-S) not less than 8.92 log10 infectious units (Inf.U) in each 0.5 mL dose.

Produced in the PER.C6 TetR Cell Line and by recombinant DNA technology.

This product contains genetically modified organisms (GMOs).

The other ingredients are:

- 2-hydroxypropyl-β-cyclodextrin (HBCD)
- citric acid monohydrate
- Ethanol
- Hydrochloric acid
- Polysorbate 80
- Sodium chloride
- Sodium hydroxide
- Trisodium citrate dihydrate
- Water

- in "Disability Horizons", 19 July 2021.

"After two years, and thousands of patients, and thousands of deaths, you cannot tell us that the Medical Community doesn't know their Hospital "Covid Protocol" doesn't help the patient." *- C19Widows/Widowers for Justice, in "Twitter", 10 May 2022.*

Number of Deaths Above 5 Year Average

"The Number of Deaths Was Above the 5 Year Average in:

1. Private Homes 31.5% above (752 excess deaths)
2. Hospitals 12.1% above (511 excess deaths)
3. Care Homes 10.3% above (198 excess deaths)
4. Other Settings 10.1% above (79 excess deaths)

In Week 25 (2022) in England and Wales.

The number of deaths registered in the UK in the week ending 24 June 2022 (Week 25) was 12,278, which was 15.9 % above the 5-year average (1,682 excess deaths); of these deaths, 346 involved COVID-19, which was 37 more than in Week 24.

Coronavirus (COVID-19) deaths

COVID-19 deaths are those deaths registered in England and Wales in the stated week where COVID-19 was mentioned on the death certificate.

A doctor can certify the involvement of COVID-19 based on symptoms and clinical findings; **a positive test result is not required.**

Definitions of COVID-19 for deaths in Scotland and Northern Ireland are similar to England and Wales." - in "Deaths registered weekly in England and Wales, provisional: week ending 24 June 2022", Office for National Statistics, UK, 5 July 2022.

President Trump: I am considering a commission to look into ill-effects of vaccines.

Bill Gates: No that would be a bad thing, don't do that.

"They met again in March 2017 at the White House.

Bill Gates continued:

"In both of those two meetings, he asked me if vaccines weren't a bad thing because he was considering a commission to look into ill-effects of vaccines, and somebody – I think it was Robert Kennedy Jr – was advising him **that vaccines were causing bad things.**

And I said:

No, that's a dead end, that would be a bad thing, don't do that." - in "Bill Gates: Trump twice asked me the difference between HIV and HPV", Guardian, 18 May 2018.

The Bill Gates Pandemic Business Plan

"For people over 50, or 60, they will probably have to be Boosted every 6 months, *until we get even better vaccines.* ***To be safe every 6 months."*** *- Bill Gates, in CNN, 14 May 2022.*

Preventing Next Pandemic Will Cost $1 Billion a Year

"Let's imagine the next pandemic.

It starts up as many of these have started up.

Somewhere in Asia, probably East Asia, for a whole variety of reasons.

What is the Bill Gates Plan?

What would you like to see happen, when you'd the first time you hear about some people getting infected; by some kind of Airborne Virus?

> *The big risk is, human to human transmissible Respiratory Virus.*
> ***You'd like to have a group connected with the World Health Organization (WHO), that sees that outbreak early and is able to go in and look, sequence*** *what it is, understand the nature of it.* ***Have some tools that aren't dependent on the specific pathogen that you can give people*** *not just masks,* ***but also some drugs*** *to block transmission.*

You have this group called GERM.

> *Yeah, that's the Global Epidemic Response and Mobilization Group, GERM, managed by the WHO.*

And you'd think it would cost about $1 Billion a year. So not a huge investment.

> *No, it's tiny, I mean,* ***compared to the numbers we talk about with Defence Budgets or Climate Change.***
> *We're* ***$14 Trillion of economic damage*** *and you know still counting.*
> *And so it's it's one of the* ***cheapest insurance policies.***
> *You've got to make sure that people stay full time,* ***getting us to drill and practice,*** *which is hard for things that don't come along very often.*
> ***Because the boundary between humans and animals is getting closer and closer."*** *- Bill Gates, in "CNN", 8 May 2022.*

If We Make Key Investments
that benefit everyone Covid-19 could be
The Last Pandemic Ever

> ***"The world doesn't need to live in fear of the next pandemic. If we make key investments that benefit everyone, COVID-19 could be the last pandemic ever.***
> ***I've been part of the effort to stop COVID since the early days*** *of the outbreak, w****orking together with experts from inside and out of the Gates Foundation who have been fighting infectious diseases for decades.***
> ***Running GERM will cost the world around $1 Billion a year to cover salaries for the force of 3,000 people*** *we'd need, plus equipment, travel, and other* ***expenses-money that would come from governments.***
> ***The work would be coordinated by the WHO, the only group that can give it global credibility, and it needs to be accountable to the public.***
> ***Everyone, Everywhere, Vaccinate the world in 6 months."*** *- in "Bill Gates Notes", May 2022.*

A New Pandemic Every 20 Years

"Speaking at the TIME 100 Summit 2022, ***Bill Gates insisted the odds of another global pandemic arising in the next two decades is an even 50-50."*** *- in* ***"Bill Gates Just Said We Have a 50 Percent Chance of Another Pandemic in the Next 20 Years.*** *Here's How He Thinks We Should Prepare", Inc., 10 June 2022.*

"The biggest crisis to be facing the health of each and every one of us, the hijacking of medical information by commercial interests. As a result, modern medicine has taken a turn towards darkness." *- Dr Aseem Malhotra, MD, 16 May 2022.*

Lack of Specific Records

"In the intervals between Epidemics Influenza becomes inextricably confused with other Respiratory Diseases, having a general clinical resemblance but no definite etiologic entity, so that the record of prevalence and even of mortality is virtually lost.

The first requisites for epidemiologic study; namely, clear differential diagnosis and systematic records of occurrence, are therefore lacking in influenza.

In the absence of these essential records, statistics of mortality from the group comprising influenza and all forms of pneumonia afford, perhaps, the nearest approximation to a record of influenza." - Dr W. H. Frost, MD, Surgeon, U.S. Public Health Service, Washington, DC, in "The Epidemiology of Influenza", JAMA, 2 August 1919.

The 20 Million Farce

"Given the toll of this pandemic 20 Million dead globally, it could have been way more fatal. We just got lucky that the death rate per case was like 0.2%." - Bill Gates, *in "TIME100 Summit 2022", 7* ***June 2022.***

"Total Deaths ***6,309,639"*** *- in "COVID-19 Dashboard", Center for Systems Science and Engineering,* ***Johns Hopkins University, 13 June 2022.***

"Sources Worldwide Data: Since 31 December 2019 and as of week 2022-22, 531,470,423 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including ***6,318,391*** *deaths." - European Centre for Disease Prevention and Control, An agency of the European Union, COVID-19 situation update worldwide, as of week 22, updated* ***9 June 2022.***

"Globally, as of 6:09pm CEST, ***10 June 2022,*** *there have been 532,201,219 confirmed cases of COVID-19, including* ***6,305,358*** *deaths, reported to WHO." - in "WHO Coronavirus (COVID-19) Dashboard", 10 June 2022.*

The Business School for The World

> ***"As one of the world's leading and largest graduate business schools, INSEAD offers participants a truly global educational experience. With locations in Europe (France), Asia (Singapore), the Middle East (Abu Dhabi), North America (San Francisco) and alliances with top institutions, INSEAD's business education and research spans the globe. Our 165 renowned faculty members from 42 countries inspire more than 1,500 students in our degree and PhD programmes. In addition, more than 11,000 executives participate in INSEAD's executive education programmes each year."*** *- in "About", INSEAD, 2022.*

"**INSEAD** North America
Committed Amount: **$753,080**
Grant topic: Agricultural Development

Purpose: To synthesize disperate sources of agricultural and rural development information, and consolidate them into a central repository that allows the creation of numerous services appropriately **targeting information service providers (Academics, NGOs, Radio** b; Aid type: Project-type interventions. Affected regions: Developing countries, unspecified; affected countries: Uganda|India|Bangladesh." - in **"Bill & Melinda Gates Foundation", November 2015.**

"INSEAD
Committed Amount: **$228,976**
Grant topic: **Vaccine Development**
To improve supply chains for next generation sequencing in Africa and South Asia." - in **"Bill & Melinda Gates Foundation", October 2021.**

"INSEAD is conversations with its global network of 64,000 alumni worldwide across 180 countries, companies and recruiters indicate strong demand for young professionals who **already understand some nuances of the business world.**

One of the big changes being witnessed is **accelerated digitalisation, which has been the answer to many pandemic-induced disruptions.**

Even before Covid-19 struck, the trend towards digital had begun, and it has gathered steam over the past year.

From phenomena like **Zoom fatigue**, to employees having to **become accustomed to limited physical contact**, Covid-19 is having **implications on the well-being of people**." - in "Preparing for a post-Covid career", INSEAD The Business School for the World, Partner Content, Financial Times, June 2022.

Philanthrocapitalism

"When Bill Gates and Warren Buffett stood on stage together at the New York Public Library and the elder billionaire announced the he was going to give away most of his fortune through the Bill and Melinda Gates Foundation to help the poor, **a new ideology was born.**

Philanthrocapitalism, essentially a marriage of philanthropy and capitalism." - in "Philanthrocapitalism: dawn of a new era?", INSEAD, 11 May 2010.

The Influence of Bill Gates

"The influence of the Bill & Melinda Gates Foundation extends right into the heart of the British Medical and Science Establishment.

It has been funding British Companies, Charities, Universities, and Public Bodies for almost 25 years." - in "Revealed, how Bill Gates's influence spreads virally into UK public health policy", The Conservative Woman, 13 May 2021.

The Financial Institutions like Vanguard and Blackrock

“- This is so destructive, I don't even understand why anyone will be a part of this, I know Wall Street finds ways to make extra money off of “doing good”.

But are you surprised at how destructive it's been?

- I'm personally not surprised at how destructive it's been, but I think that it is eye-opening for people who used to think of this as some technical movement: Environmental, Social, and corporate Governance (ESG).

What's that? What's with these 3-letter acronyms? That's complicated I don't understand it. Well, guess what?

It was complicated and it was designed to be technocratic by design, to lull the public into submission.

Citizens around the world are waking up to the fact that this ESG movement, is now imposing mandates on their own lives, that reduce their own quality of living.

And what's going on with these large Asset Management Firms, it's not just the fees they charge through these ESG funds, it's worse than that.

What they're doing is they're doing favours for big government, **for the Democratic Party, included through the back door, to get done through the Private Sector what Government could not pass through the front door under the Constitution.**

You look at how many of Blackrock alumni are now staffing the Joe Biden Administration; Council of Economic Advisers, Treasury Department, You name it.

Look at who is actually gets to administer the COVID Stimulus Packages, and who gets to charge a fee for doing so. It's none other than Financial Institutions like Blackrock.

So the companies at the top are benefiting from using their clients funds to advance these ESG values.

So it's very complicated, but that's by design.” - in “This Wall Street 'scam' must be investigated: Ramaswamy”, Fox Business, 17 July 2022.

Scottish and Southern Energy PLC Top Shareholders

SSE is the second largest energy supplier in the UK.

In April 2013, industry regulator OFGEM fined SSE £10.5 Million for mis-selling Gas and Electricity.

In September 2020, industry regulator OFGEM fined SSE £2.06 Million for failing to publish information about the future availability of its generation capacity in a timely manner.

	Shares	**%**
BlackRock Fund Advisors	**30,362,998**	**2.84%**
The Vanguard Group, Inc.	**27,403,000**	**2.57%**
BlackRock Advisors (UK) Ltd.	**14,774,000**	**1.38%**

Source: "MarketScreener", 25 July 2022.

"Between 2007 and 2012, 200 of America's most politically active Corporations spent a combined $5.8 Billion on Federal Lobbying and Campaign Contributions.
What they gave pales compared to what those same corporations got: $4.4 Trillion in federal business and support." *- in " Fixed Fortunes: Biggest Corporate Political interests* ***spend billions, get trillions****", Sunlight Foundation, 17 November 2014.*

A Deceptive Construction Why We Must Question The COVID-19 Mortality Statistics

"According to the UK Government, as of 27 March 2021, 126,515 people have died as a result of contracting Covid-19, and an additional 21,610 people have died with COVID-19 on their death certificates. **The UK government alleges, therefore, that a total of 148,125 people in the UK have died as a result of COVID-19.**

As we shall see, this claim is not credible. Just like nearly every other mortality cause, COVID-19 **risks increase proportionately with age.**

Statistics for those of working age show a population mortality risk of between 0.0166% and 0.0046%, depending upon who you believe.

The COVID-19 risk to the working age population is statistically insignificant. For the under 18's it is statistically zero. Mortality risk disproportionately impacts men. **In 2018 the average age of death for men was approximately 80**, and 83 for women **in England and Wales.**

The average age of COVID-19 death is just over 82.

The Coronavirus Act indemnified all NHS doctors against any claims of malpractice or negligence.

It removed the need for a second medical opinion (Medical Examiner), it effectively ruled out both post-mortem examinations and jury-led coroner's inquests, allowed virtually anyone to act as the qualified informant and facilitated rapid cremation.

In response to the Coronavirus Act and WHO IC10 coding, the NHS issued guidance to doctors for the completion of the Medical Certificate of Cause of Death (MCCD). **The COVID-19 death certification and registration process they produced beggars belief.**

Under the guidance, acting on their own without any corroborating opinion: Any medical practitioner with GMC registration can sign the MCCD, even if they did not attend the deceased during their last illness." - Iain Davis, UK Column, 28 March 2021.

Doctors & Scientists Write to EMA Regarding COVID-19 Vaccine Safety

Letter to Emer Cooke, Executive Director of the EMA, the President of the Council of Europe, and the President of the European Commission.

"Highlighted that there are serious concerns that the approval of the COVID-19 vaccines by the European Medicines Agency (EMA) was premature.

Serious potential consequences of COVID-19 vaccine technology, warning of possible:

Autoimmune Reactions,
Blood Clotting Abnormalities,
Stroke,
Internal Bleeding, including in the:
Brain,
Spinal Cord,
Heart.

Should all such evidence not be available, we demand that approval for use of the gene-based vaccines be withdrawn until all the above issues have been properly addressed by the exercise of due diligence by the EMA.

There are serious concerns, including but not confined to those outlined above, that the approval of the COVID-19 vaccines by the EMA was premature and reckless, and that the administration of the vaccines constituted and still does constitute "human experimentation", which was and still is in violation of the Nuremberg Code." - in "Urgent Open Letter from Doctors and Scientists to the European Medicines Agency regarding COVID-19 Vaccine Safety Concerns", Doctors for Covid Ethics, 28 February 2021.

Pulmonary Embolus

"Is your concern Doctor; that some people will have ill effects, and if you vaccinate that number of children you'll have some death?

"Absolutely if you look at the American study on Pfizer, which is ongoing, so far they have 2,000 children in their trial, only half of those children have had the Pfizer jab, and so far there are a number of children that have got a condition called a Deep Vein Thrombosis (DVT), which is a clot in the leg, few of those children, those blocks then went to their lungs, which is called ***Pulmonary Embolus, and that has a mortality rate of 1%, if we vaccinate all 5 Million senior school students in the UK that could result in 100 children's death."*** *- Dr Anthony Hinton, MD, Surgeon, MB ChB, FRCS, FRCS, in "Channel 5" UK, 7 June 2021.*

"We have now a whistleblower inside the CMS, and we have 2 whistleblowers in the CDC. We think we have 50,000 dead Americans. Fifty thousand deaths." *- Dr Peter McCullough, MD in "CDC Whistleblowers Tell Top Doctor Vaccine Injections Already Killed 50,000 Americans", Christianity Daily, 25 June 2021.*

"I have a young naval academy cadet. He has his whole life ahead of him. He takes the vaccine. He gets significant Heart injury with the first shot. His commanders and every doctor in the naval academy tells him to take the second shot. That is Mass Psychosis." *- Dr Peter McCullough, MD, 8 March 2022.*

"It was clear vaccines weren't sufficiently tested and important groups were excluded, like pregnant women. With no data on safety and efficacy, pregnant women were encouraged, then later forced, to take the vaccines." *- Dr Peter McCullough, MD in "Findings From Early COVID-19 Vaccine Studies Potentially Alarming", The Epoch Times, 9 March 2022.*

"7,750 People have had intracranial hemorrhage or stroke just in 3 small Scandinavian countries. Three countries: 7,700 disastrous neurologic events within 28 days." *- Dr Peter McCullough, MD, Cardiologist, Professor of Medicine at Texas A & M College of Medicine, Texas, CHDTV, 17 July 2022.*

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President Cardiorenal Society of America
Editor-in-Chief, Reviews in Cardiovascular Medicine
Editor-in-Chief, Cardiorenal Medicine
Senior Associate Editor, American Journal of Cardiology

"I prefer freedom with danger than peace with slavery." *- Rousseau*

Neurological Symptoms Related to the Vaccines

"I wanted to share with people my painful experience as an Emergency Physician at the Mateu Orfila Hospital on the **Side Effects of Coronavirus Vaccines.**

I was struck by the **Serious Neurological Symptoms, which people related to the Administration of Vaccines:**

1. **Guillain-Barré Syndrome**
2. **Stroke**
3. **Meningoencephalitis**
4. **Bilateral Facial Paralysis**
5. **Severe Headache**
6. **Heart Failure**
7. **Arrhythmias**
8. **Pleural Effusion**
9. **And Others**

On the 20 May 2021, the manager of the Health Area of Menorca, informed me of the provisional suspension of functions as a Hospital Emergency Doctor, for 6 months until the sanctioning resolution for sharing these opinions.

They said that by giving the opinions, I had committed a serious infraction, disobedience to the orders of superiors, which could lead to the suspension of employment/license to work.

I was informed that the instructor, secretary to study my opinions on the Side Effects of Vaccines, will be done by people with Administrative Studies, such as Technicians and Administrative Assistants.

Despite the fact that official agencies collect the secondary effects of vaccines warn of a serious problem, they avoid talking about it.

So far in Europe, USA, United Kingdom have registered 15,696 deaths, and 1,379,654 Adverse Reactions to Covid Vaccines.

The AstraZeneca vaccine was discontinued due to serious side effects in many countries.

Why people do not sign an informed consent before the injection of an experimental genetic drug?

We have forgotten the Nuremberg Code on medical experimentation on humans that was promulgated in August 1947.

The doctors who carried out the tests on humans said that they were only following orders.

But they were convicted of war crimes.

Why don't we learn from our history, and repeat the same mistakes over and over again?" - Dr Nadiya Popel, MD, in "Diari Menorca", **22 May 2021.**

Neurological Symptoms Related to the Vaccines – Dejavu

"1976 An H1N1 (swine flu) outbreak among recruits at Fort Dix leads to a vaccination program to prevent a pandemic. Within 10 months, roughly 25% of the US population is vaccinated (48 million people), about twice the level needed to provide coverage for the at-risk population. ***Cases of Guillain-Barre syndrome, a neurologic condition that in rare instances has been associated with vaccination, among vaccine recipients appeared to be in excess of what was expected, so officials determine the vaccination program should be halted."*** *- in "Influenza Historic Timeline", CDC, 30 January 2019.*

Taking into consideration that this was a fake pandemic, and 48 Million people took a vaccine for no other reason than for ***Medical Trade & Pharmaceutical Industry profit.***

Neuropathic Symptoms After SARS-CoV-2 Vaccination

"We studied 23 patients (92% female; median age 40years) reporting new **Neuropathic symptoms beginning within 1 month after SARS-CoV-2 vaccination.**

100% reported sensory symptoms comprising severe face and/or limb Paresthesias, and

61% had Orthostasis, heat intolerance and palpitations.

Autonomic testing in 12 identified 7 with reduced distal sweat production and 6 with positional Orthostatic Tachycardia Syndrome.

Among 16 with lower-leg skin biopsies, 31% had diagnostic/subthreshold Epidermal Neurite densities (≤5%), 13% were borderline (5.01-10%) and 19% showed abnormal axonal swelling.

Biopsies from randomly selected 5 patients that were evaluated for immune complexes **showed deposition of complement C4d in endothelial cells."** - in "Neuropathic symptoms with SARS-CoV-2 vaccination", MedRxiv, **17 May 2022.**

Health Ministry Warns: Side Effects from Covid-19 Vaccine's

“Japan's Health Ministry has listed Inflammation of the Heart Muscle, and of the outer lining of the Heart as possible **serious side effects of the Moderna and Pfizer COVID Vaccines.**

As of 14 November 2021, **out of every 1 Million males who had the Moderna vaccine, such side effects were reported in 81.79 males aged 10 to 19 and 48.76 males in their 20's.**

The figures were 15.66 and 13.32 respectively for those who had the Pfizer vaccine.” - in “Health ministry warns of vaccine's side effects”, NHK WORLD-JAPAN, **4 December 2021.**

The Data from the Covid-19 Vaccines

“The Medical Profession has been burying their heads in the sand about this for some time really, and it's been ignored, it's been the elephant in the room.

There has already been plenty of data that's come out that's been worrying in the various reporting systems.

For instance, if we look at some um recent figures that were used by the government, they were claiming perhaps about 2 chances in 1,000,000, in getting **Myocarditis**, but that was just on sort of random reporting.

In Hong Kong, they started collecting all the data from all of the teenagers, were collecting the data on everyone and questioning them for weeks after, and they found 425 cases per 1,000,000. So 200 times more when you actually look for it, if you don't look for it you won't find it.

There are 2 things about the current data, there are lots of redactions in the current data where there's lots of bits just blanked, and of course they've got 8 months to produce this data, they didn't want to produce it at all for 75 years, and you have to ask: Well why would that be?

But the rate is coming out, the things that are going to really tell us will be in the last couple of months." - Dr Anthony Hinton, MD, Surgeon, MB ChB, FRCS, FRCS, in "GB News", 6 March 2022.

> ***"The scale of this vaccine nightmare, is now such that the number of vaccine damage cases, exceeds all cases arising from previous vaccine programmes."*** *- Sir Christopher Chope, MP, House of Commons, UK Parliament, March 2022.*

The Majority of Serious Cases were Vaccinated Patients

"Right now, most of our severe cases are vaccinated.

They had at least 3 injections.

Between 70% and 80% of the serious cases are vaccinated.

So, the vaccine has no significance regarding severe illness, which is why just 20% to 25% of our patients are unvaccinated." - Prof Yaakov Jerris, director of Ichilov Hospital's coronavirus ward, Channel 13 News in "Israeli Coronavirus expert: 70-80% of most severe cases vaccinated at least three times", 4 February 2022.

COVID-19 Vaccination Is A Major Risk Factor for Infections in Critically Ill Patients

"To date mRNA vaccines has been commonly recommended.

As the COVID-19 pandemic becomes better controlled, **vaccine sequelae are likely to become more apparent.**

It has been hypothesized that There Will Be an Increase in Cardiovascular Diseases, especially Acute Coronary Syndromes, Caused By The Spike Proteins in Genetic Vaccines. Besides the risk of infections owing to lowered immune functions, there is a Possible Risk of Unknown Organ Damage Caused by the Vaccine that has remained hidden without apparent clinical presentations, mainly in the Circulatory System.

Some studies suggest a link between COVID-19 vaccines, and reactivation of the virus that causes Shingles.

This condition is sometimes referred to as vaccine-acquired immunodeficiency syndrome. In vivo studies have shown that lipid nanoparticles (LNPs) accumulate in the Liver, Spleen, Adrenal Glands, and Ovaries, and that LNP-encapsulated mRNA is Highly Inflammatory.

In conclusion: COVID-19 vaccination is a Major Risk Factor for Infections in Critically Ill Patients." - in "Adverse effects of COVID-19 vaccines and measures to prevent them", Virology Journal, 5 June 2022.

The Covid-19 Pandemic Most Manipulated Event in History Characterized by Official Lies

"The Covid-19 pandemic is one of the most manipulated infectious disease events in history, characterized by official lies in an unending stream lead by government bureaucracies, medical associations, medical boards, the media, and international agencies.

We have witnessed a long list of unprecedented intrusions into medical practice, including attacks on medical experts, destruction of medical careers among doctors refusing to participate in killing their patients and a massive regimentation of health care, **led by non-qualified individuals with enormous wealth, power and influence.**

For the first time in American history a president, governors, mayors, hospital administrators and federal bureaucrats are determining medical treatments based not on accurate scientifically based or even experience based information.

For the first time in history medical treatment, protocols are not being formulated based on the experience of the physicians treating the largest number of patients successfully, but rather **individuals and bureaucracies that have never treated a single patient - including Anthony Fauci, Bill Gates, EcoHealth Alliance, the CDC, WHO, state public health officers and hospital administrators.**

The media (TV, newspapers, magazines, etc), medical societies, state medical boards and the owners of social media have appointed themselves to be the sole source of information concerning this so-called "pandemic".

Websites have been removed, highly credentialed and experienced clinical doctors and scientific experts in the field of infectious diseases have been demonized, careers have been destroyed and all dissenting information has been labeled "misinformation" and "dangerous lies", even when sourced from top experts in the fields of virology, infectious diseases, pulmonary critical care, and epidemiology.

These blackouts of truth occur even when this information is backed by extensive scientific citations from some of the most qualified medical specialists in the world.

Incredibly, even individuals, such as Dr Michael Yeadon, a retired ex-Chief Scientist, and vice-president for the science division of Pfizer Pharmaceutical company in the UK, **who charged the company with making an extremely dangerous vaccine**, is ignored and demonized.

Further, he, along with other highly qualified scientists have stated that no one should take this vaccine.

Dangers of the vaccines are increasingly revealed by science, a growing number of high integrity individuals with tremendous expertise have come forward to tell the truth - that is, that these vaccines are deadly.

Over time tens of thousands could die as a result of this damage. Even when these predictions began to appear, the controllers of this "pandemic" continued full steam ahead.

Drastic increases in suicides, a rise in obesity, a rise in drug and alcohol use, a worsening of many health measures and a terrifying rise in psychiatric disorders, especially depression and anxiety, were ignored by the officials controlling this event.

Records of deaths have shown that there was a rise in deaths among those aged 75 and older, mostly explained by Covid-19 infections, but for those between the ages of 65 to 74, deaths had been increasing well before the pandemic onset.

Between ages of 18 and aged 65 years, records demonstrate a shocking hike in non-Covid-19 deaths.

Some of these deaths were explained by a dramatic increase in drug-related deaths, some 20,000 more than 2019.

Alcohol related deaths also increased substantially, and homicides increased almost 30% in the 18 to 65-year group.

The head of the insurance company OneAmerica stated that their data indicated that the death rate for individuals aged 18 to 64 had increased 40% over the pre-pandemic period.

Scott Davidson, the company's CEO, stated that **this represented the highest death rate in the history of insurance records,** which does extensive data collections on death rates each year.

Davidson also noted that this **high of a death rate increase has never been seen in the history of death data collection.**

Previous catastrophes of monumental extent **increased death rates no more than 10%.**

40% is unprecedented.

A dramatic number of these people are now dying, with the spike occurring after the vaccines were introduced.

The lies flowing from those who have appointed themselves as medical dictators are endless.

These deadly lies continue.

It is time to stop this insanity and bring these people to justice." - Dr Russell L. Blaylock, MD, Neurosurgeon, in "COVID UPDATE: What is the truth?", Surgical Neurology International, 22 April 2022.

"A UK coroner's court recently found that a 26-year-old graduate who died from a blot clot in his brain following an AstraZeneca injection – a situation we face in NZ every day where saturation advertising claims safety and efficacy contrary to available data.

Women are being denied informed consent by gagging orders on health professionals.

In March a paper called Patient Betrayal: The Corruption of Healthcare, Informed Consent and the Physician-Patient Relationship **found 'a significant risk associated with Covid vaccination** among women of reproductive age and during pregnancy'.

It also reported that **in September 2021 the American Board of Obstetrics & Gynecology (ABOG) had threatened their 22,000-plus constituents with disciplinary action, including revocation of licences and certifications if they questioned the safety of the Covid 'vaccination'.**

The unprecedented character and extent of injury to menstruating women was reported last month in a paper called "Covid-19 and the surge in Decidual Cast Shedding (DCS)." **DCS, a synchronised detachment of the entire layer of endometrium from the uterus, is historically a rare gynaecological event, with fewer than 40 cases reported in the medical literature over the last 109 years.**

The paper reports 292 cases of DCS following vaccination." - in "Hospital staff gagged over Covid vaccine injuries", The Conservative Woman, 30 May 2022.

> ***"The National Research Council of Canada signed an agreement with Tianjin-based CanSino Biologics in early May 2020 to "fast-track the availability of a COVID-19 vaccine in Canada for emergency pandemic use." The CanSino vaccine, which had been created by the scientific research arm of China's military, was to be shipped to Canada for human trials that May. "*** *- in* ***"How a failed deal with China to produce a made-in-Canada COVID-19 vaccine wasted months and millions",*** *CBC, 14 October 2021.*

Young Woman Dies in Sleep

"Margherita Cummins' world was smashed on 1 July 2021 when her daughter Catherine Keane passed away in her sleep aged just 31." - in "Heartbreak as young Irish woman who 'went to gym and walked 10k steps every day' dies in sleep", Irish Mirror, 8 May 2022.

Healthy Young People are Dying Suddenly and Unexpectedly

"Healthy young people are dying suddenly and unexpectedly from a mysterious syndrome - as doctors seek answers through a new national register. **People aged under the age of 40** being urged to go and get their hearts checked. May potentially be at risk of having **Sudden Adult Death Syndrome** (SADS). SADS is an 'umbrella term to describe unexpected deaths in young people'. **A 31-year-old woman who died in her sleep last year (2021)** may have had SADs." - in Daily Mail, 8 June 2022.

Please remember that the first reported deaths in 2021, after the so-called "Covid" Vaccines, individuals died during their sleep (please see Book I).

"The majority of these SADS events, 90% occur outside the hospital – the person doesn't make it – so it's actually ambulance staff and forensics caring for the bulk of these patients," she said.

> *"I think even doctors underestimate it.*
> ***We only see the 10% who survive and make it to hospital.***
> ***We only see the tip of the iceberg ourselves."***

Cardiology researchers have previously suggested that the complex effects of pandemic lockdowns would probably lead to more deaths from heart disease – a phenomenon dubbed "post-pandemic stress disorder" by psychologists in the UK." - in "SADS: Healthy young people who die from sudden adult death syndrome", 8 June 2022.

> ***"The vaccine was associated with an excess risk of Myocarditis."*** *- in "Safety of the BNT162b2 mRNA* ***Covid-19 Vaccine*** *in a Nationwide Setting", New England Journal of Medicine,* ***16 September 2021.***

"The Pfizer-BioNTech Covid-19 Vaccine is associated with an increased risk of Myocarditis, an inflammation of the heart muscle, a large new study from Israel confirms.

In addition to Myocarditis, the Pfizer Vaccine was also associated with an increased risk of:

- Swollen Lymph Nodes,

- Appendicitis,

- Shingles." - in "Myocarditis More Common After Covid Vaccination, Study Finds", N.Y. Times, 1 Sep. 2021.

> ***"Federal officials are reviewing nearly 800 cases of rare Heart Problems following immunization with the coronavirus vaccines made by Pfizer-BioNTech and Moderna.***
>
> ***As of 31 May 2021, 216 people had experienced Myocarditis or Pericarditis after 1 dose of either vaccine, and 573 after the second dose."*** *- in "The CDC is investigating nearly 800 cases of rare heart problems following immunization", New York Times, 11 June 2021.*

Sudden Adult Death Syndrome Baffles Doctors

"A strange new medical anomaly has doctors baffled as it sweeps across the country. Sudden Adult Death Syndrome (SADS) is on the rise, and it's tragically claiming the lives of healthy young adults, sometimes in their sleep. Reports of SADS have been increasing in recent weeks. A condition synonymous with 'people dying of heart conditions for no apparent reason' is on the rise. Questions are becoming increasingly difficult to ask in a censorial medical world protective of its assets.

We are not really allowed to ask if these deaths in otherwise healthy young adults have anything to do with the last 2 years of abnormal health orders or the entry onto the market of new technology with limited long-term safety information." - in "Sudden Adult Death Syndrome baffles doctors", Spectator Australia, 14 June 2022.

Data Suggests Sudden Adult Death Syndrome (SADS) Due To Vaccines

"Dr Benny Tiangco, MD one of the country's top experts on medicolegal issues, echoed the concerns on seniors suffering from heart attacks getting second booster jabs.

Vaccine-Related Injuries

He wrote:

> ***"I've been hearing such (sudden or unexpected adult deaths).***
> ***The problem is that the cases are increasing.***
> ***The concern is that many seniors who have cardiac comorbidities (previous heart attack, ischemic heart, myopathies, etc.) are the ones targeted for the never-ending boosters."***

Cardiac experts say sudden deaths in otherwise healthy people must be assumed to be due to cardiac arrhythmia.

Dr Peter A. McCullough, MD, world leading cardiologist, has described the mechanisms of electrical disruption and cardiac death, other experts have described and **presented histological evidence of cardiac amyloidosis, which can be fatal, following COVID-19 vaccination.**

Prior to 2021, year-on-year population death rates were typically very stable with minimal percent changes over time.

Suddenly in 2021 there was mass unprecedented excess mortality in countries concurrent with their vaccine roll-out.

Excess deaths (an astounding 40%) started in March 2021, exactly concurrent with the start of vaccine rollout and soared as the year progressed." - Dr Rafael Castillo, MD in "Data suggests sudden adult death syndrome due to vaccines", Philippine Daily Inquirer, 27 June 2022.

Moderna Vaccine Increases Myocarditis Risk by 44 Times in Young Adults

"A French peer-reviewed study (Age and sex-specific risks of **myocarditis and pericarditis following Covid-19 messenger RNA vaccines**, Nature Communications, 25 June 2022), **concluded that for both the Pfizer and Moderna vaccines, the risk of myocarditis skyrockets a week after vaccination.**

The largest association for Myocarditis following the Moderna jab was 44 times higher risk for persons aged 18 to 24 years.

As for the Pfizer shot, in relation to the same age group, the risk was 13 times higher.

> ***"In conclusion, this study provides strong evidence of an increased risk of myocarditis and of pericarditis in the week following vaccination against Covid-19 with mRNA vaccines in both males and females, in particular after the second dose of the mRNA-1273 vaccine."***

The risk of myocarditis after mRNA vaccination was 8 times and 30 times greater than unvaccinated control groups for BNT162b2 (Pfizer-BioNTech) and mRNA-1273 (Moderna), respectively.

The International Olympic Committee shows 1,101 sudden deaths in athletes under age 35 between 1966 and 2004, giving an average annual rate of 29, across all sports.

Meanwhile, **between March 2021 and March 2022 alone (a single year) at least 769 athletes have suffered cardiac arrest, collapsed, or have died on the field, worldwide."**- in "Moderna Vaccine Increases Myocarditis Risk by 44 Times in Young Adults: Peer-Reviewed Study", The Epoch Times, 28 June 2022.

Will Pfizer Be Charged for Mislabelling Vaccine Side Effects?

"As the U.S. Food and Drug Administration continues to release Pfizer's clinical trial documentation, we're finding more and more evidence that very little has been done on the up-and-up, and the **COVID jab trials may be among the most fraudulent in medical history.**

The latest release by the U.S. Food and Drug Administration (FDA) of **Pfizer-BioNTech COVID-19 vaccine documents reveals numerous instances of participants who sustained severe adverse events during Phase 3 trials.**

Some of these participants withdrew from the trials, some were dropped and some died.

A 2,566-page document catalogues the serious adverse events and **6 deaths that occurred during the trial.**

These events were all classified as "toxicity level 4" which is the most serious.

The 6 deaths reported were listed as being caused by:

Arteriosclerosis,
Cardiac Arrest,
Hemorrhagic Stroke,
Myocardial Infarction.

Many participants also dropped out or were excluded from the trial due to Serious Side Effects involving the:
Heart,
Cardiovascular system,
Cancer,
Stroke,
Hemorrhage,
Neurological impacts." - in "Will Pfizer Be Charged for Mislabeling Vaccine Side Effects?", The Epoch Times, 5 July 2022.

Young Women Are Increasingly Having Heart Attacks Without Doctors Really Knowing Why

"Young women (under 50) are increasingly having heart attacks without doctors really knowing why.

This is where the Young Women Presenting Acute Myocardial Infarction in France (WAMIF) study comes in, the results of which were presented in an e-poster at the European Society of Cardiology (ESC) Congress by Stéphane Manzo-Silberman, MD, Institute of Cardiology, Pitié-Salpétrière, Paris, France." - in "Myocardial Infarction in Women Younger Than 50: Lessons to Learn", MedScape, 12 September 2022.

Heart Attacks as More Younger Women are Experiencing Medical Emergency

"Fears as more younger women struck down by heart attacks."**, Mirror, **14 September 2022.

Young Children Have Extremely Low Risk of Death From COVID

"The vaccine manufacturers and the FDA have decided it isn't even worth invoking the precautionary principle for the very youngest of children.

In mid-June 2022, against strong objections from physicians, scientists and researchers, the FDA's vaccine advisory panel — the Vaccines and Related Biological Products Advisory Committee (VRBPAC) — unanimously agreed to grant EUA to both Pfizer's and Moderna's COVID shots for infants and young children." - in "Will Pfizer Be Charged for Mislabeling Vaccine Side Effects?", The Epoch Times, 5 July 2022.

CDC Recommends: mRNA Covid Vaccines Should be Given to Babies 6 Months or Older

"The calls and text messages are relentless.

On the other end are doctors and scientists at the top levels of the NIH, FDA, and CDC.

They are frustrated, exasperated and alarmed about the direction of the agencies.

> ***"It's like a horror movie I'm being forced to watch and I can't close my eyes. People are getting bad advice and we can't say anything."*** *- A senior FDA official.*

That particular FDA doctor was referring to 2 recent developments inside the agency:

1. How, with no solid clinical data, the agency authorized Covid vaccines for infants, and toddlers.

2. The fact that just months before, the FDA bypassed their external experts to authorize booster shots for young children.

Internal critics of these agencies are focused on one issue above all:

Why did the FDA and the CDC issue strong blanket recommendations for Covid vaccines in children?

The CDC vigorously recommended mRNA Covid vaccines for 20 Million children under 5 years of age.

Dr Rochelle Walensky, Director of the CDC, declared that the mRNA Covid vaccines should be given to everyone 6 months or older." - Dr Marty Makary MD, Dr Tracy Beth Høeg, MD, in "U.S. Public Health Agencies Aren't 'Following the Science,' Officials Say", Common Sense, 14 July 2022.

Genetic Molecular Autopsy

“SADS stands for as an acronym Sudden Arrhythmia Death Syndromes or SADS.

We have the SADS Foundation devoted to families who have a variety of Genetic Heart Conditions, that share as a common feature, the possibility of the tragedy of Sudden Arrhythmic Death, meaning Sudden Death, where the heart rhythm spun electrically out of control into a dangerously fast bottom chamber ventricular arrhythmia that results in ventricular fibrillation and culminates in sudden cardiac death.

And SADS isn't one disease, it's really an umbrella term that catches a collection of genetic and non-genetic heart disease processes, that could culminate in sudden death, of a healthy young person, whether that's a pre-teen, a teen, somebody in their 20's.

And so in Europe that might get classified as a SADS death, we would probably call that in the United States an Autopsy Negative Sudden Unexplained Death, where the heart is the most likely explanation and the heart going into a lethal arrhythmia is the most likely mechanism, but then underneath that, there would be several specific diseases, that one would search for to see if there was any evidence of that specific heart condition as to the blame for the tragedy.

We have a good vantage point at the Mayo Clinic (USA).

We more or less invented what we call the “Molecular Autopsy” over two decades ago, where we would do Postmortem Genetic Testing of that sudden death victim, where the autopsy was negative, and then we look for those genetic heart diseases that cause sudden death, but leave no clue or no traces at autopsy.

And so, we've had a large connection or network with medical examiners, coroners, forensic pathologists throughout North America, where over the last two decades we would get calls about a sudden unexpected death; Would you do that Molecular Autopsy?

And during the 2 plus years now of Covid-19 pandemic the phone has not been ringing off the hook, in fact it

hasn't been ringing any differently compared to the 2 years before the pandemic, so we just have not seen that signal of more cases, or more of these inexplicable deaths happening.

We had reasons to think that we might see more, but that really from my vantage point has just not materialized." - Dr Michael Ackerman, MD, Mayo Clinic Genetic Cardiologist, President of the Sudden Arrhythmic Death Syndrome Foundation, in "10,000 Cases of Sudden Adult Death Syndrome (SADS) Every Year: Why Are Young People Dying So Suddenly?", Epoch TV, 27 July 2022.

Lets remember also the result of forced vaccination in other countries:

Effects of Vaccines Already Seen In 2014

"Young woman has been sick for 4 months after being vaccinated against HPV.

The case may be associated with those of the **human papillomavirus vaccines** in Carmen de Bolívar.

The minor is now in bed with paralysis in her legs and arms, after ailments that began in April.

More than 100 student girls from El Carmen de Bolívar have illnesses similar to those of Luisa, she does not hesitate to associate these ailments with the **human papillomavirus (HPV) vaccine.**

"In May 2013 they gave him the vaccine and he had headaches and dizziness. In November they gave her the second dose and she started with pain in her legs and five months ago she was in a wheelchair. Now he's in bed and he only moves his arms".

Another case an 11-year-old girl, she practiced swimming and was part of a theatre group.

She started with muscle fatigue and it was thought that this was a result of her sports activities, until her legs began to hurt.

One day she got up and, trying to move forward, she fell flat on her face. Later, she began the ordeal of medical appointments and tests, which is not over yet, and the minor has not regained mobility.

Luz Tobón and her daughter do not hesitate to associate evil with the HPV vaccine, the first dose was applied to her at school in June 2013, and her second in March 2014, and from there she suffered pain in her back and legs.

She now she is in bed.

In San Gil, Santander **cases of 2 other girls are also known."** - in "Young woman has been sick for 4 months after being vaccinated against HPV", El Tiempo, 29 August 2014.

"Two years of the enigmatic fainting of girls vaccinated against papilloma, case that made visible the supposed contrary effects of the vaccine.

The day that 15 students between the ages of 11 and 15 fainted simultaneously at the Colegio Espíritu Santo in El Carmen de Bolívar, a tragicomedy began to be staged in Colombia, the outcome of which is in progress in the 2016.

That 30 May 2014, emergency calls by teachers and school directors, **parents found the spectacle of daughters with tachycardia, difficulty breathing and numbness in the hands and feet.**

Without knowing it, that collective fainting spell united their destinies in a tragedy that unfolded without their families noticing.

On that school day, the only strange thing that had happened was that the girls had been vaccinated against the human papillomavirus.

For many parents it was the first news about a mass vaccination of their daughters.

In search of clues that would show that what had triggered the rare condition of girls was the vaccine.

What they did not know is that **in other areas of the country, other mothers had been dealing with the permanent fainting of their daughters at school for more than a year.**

They were all healthy girls and very active in exercise, sports and dancing. One was even a figure skating champion.

Eliana received 2 doses of the vaccine in April and October 2013 at school. "After the second dose I fainted and started having difficulty walking."

Since 2014, his medical history includes headaches, cellulitis, paralysis of the hands and feet, chest pain, shortness of breath, syncope, skin lesions, allergies, dizziness, vertigo, fainting, vomiting, fever, metal poisoning such as aluminum and lead, chronic fatigue and joint pain.

Lizeth Escobar Muñoz, 16, was also vaccinated in April and September 2013.

In addition to developing scoliosis, a herniated disc and

endometriosis, doctors suspect she has fibromyalgia, a disease that causes chronic muscle pain and tenderness throughout the body.

His sister María Paula, 18, who applied 2 doses on the same dates, was diagnosed with systemic lupus erythematosus, a chronic autoimmune disease characterized by inflammation and tissue damage and can affect the skin, joints, kidneys, the brain and other organs.

In one of the most serious episodes, she developed a pulmonary thromboembolism.

The list of students with illnesses like those of Eliana, Lizeth and María Paula has been increasing.

Lawyer Mónica León has 20 identified cases in Bogotá and says there are 829 in the country.

She took on the case as her own because one of those affected is her daughter Alejandra, to whom she gave the vaccine in January 2013.

Monica had been diagnosed with the human papillomavirus and did not want her daughter to repeat that story.

"8 days after the vaccination, the girl was limping in her left leg and had recurrent vision loss".

The National Institute of Health found that in El Carmen de Bolívar, between January and August 2014, 517 girls from 17 schools who had been vaccinated against the human papillomavirus presented the same symptoms.

The World Health Organization (WHO), when it ruled in December 2015 on the subject, "at no time did it hide the risk and called for more studies to be done."

What happens, she explains, is that she concluded that the benefit is still greater than the risk and that therefore vaccination should continue."- in "Two years of the enigmatic fainting of girls vaccinated against papilloma", El Tiempo, **28 May 2016.**

Vaccine Coercion Already Seen In 2015

No Jab, No Pay - 2015

> ***"People can, if they like, object to having their kids vaccinated but if you don't have your children vaccinated, other than on strictly religious or medical grounds, you won't qualify for the supplement and you won't qualify for the child care payments. This is essentially a 'no jab, no pay' policy from this government." - Tony Abbott, Prime Minister of Australia***

"It's estimated that some 39,000 children under seven haven't been vaccinated in Australia – two and a half times the number a decade ago." - in **"No Jab, No Pay': Australia to cut welfare for anti-vaccination parents", EuroNews, 12 April 2015.**

Vaccine Coercion Already Seen In 2016

"They investigate the strange death of a student in Barranquilla after he was given a vaccine.

A student **died under strange circumstances in Barranquilla after receiving a vaccine.**

Sandra Judith Polo, 31 years old, attended the clinical center last Friday to **receive a Triple Viral Vaccine and against Hepatitis B, which was required by the Simón Bolívar University to carry out her work practices in nursing.**

Hours later, she began to feel severe pain in her arm, which began to change colour and turned purple." - in El Espectador, **9 August 2016.**

Health Workers and Mandatory Vaccination

No Jab, No Job - 2016

"Gaelle Vallée Tourangeau, Kingston University London, discusses obliging health workers to vaccinate." - in "Health workers and mandatory vaccination - No Jab, No Job?", Vaccines Today, 28 October 2016.

The Case for Mandatory Vaccination – November 2019

"Earlier this year, the World Health Organization (WHO) named hesitancy to vaccinate as one the ten gravest threats to global health.

As a result, governments around the world are considering policies that would make vaccinations mandatory.

Over the past 5 years, legislators in Australia, France and Italy have restricted school access for children who haven't received the country's recommended panel of vaccinations, including MMR.

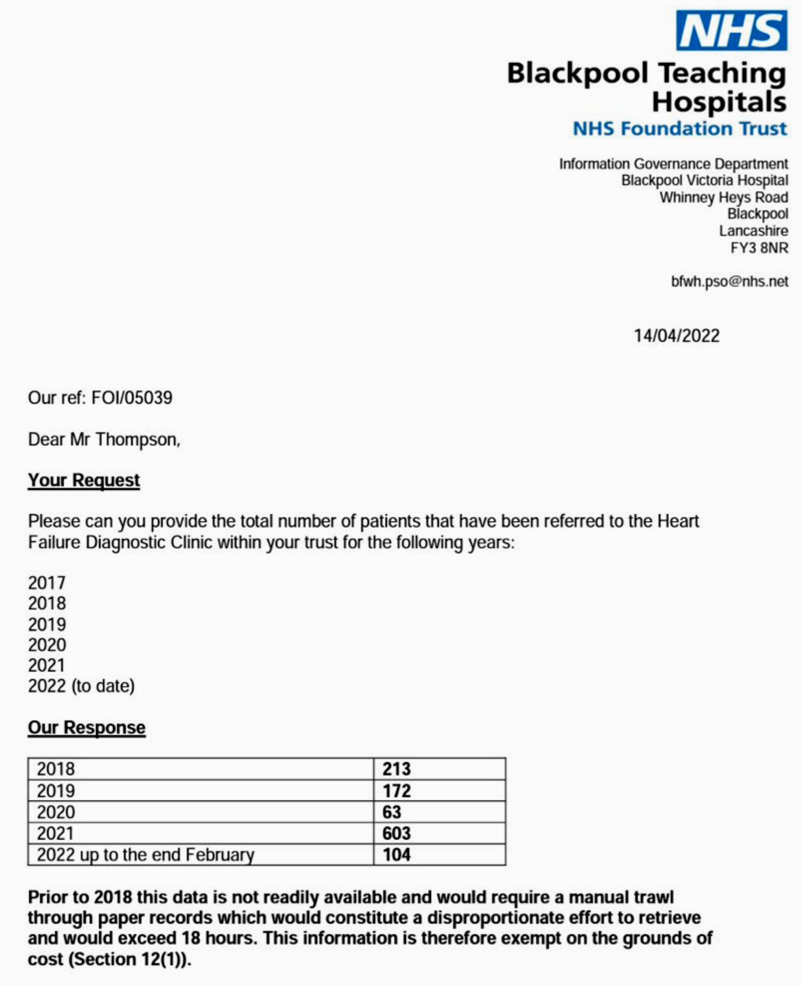
Some US states are doubling down on existing vaccination requirements for schoolchildren by removing the ability for parents to legally refuse vaccines for non-medical reasons.

And in September 2019, the UK Health Secretary Matt Hancock responded to pressure - including a letter from 4 prominent London doctors calling for action to address the United Kingdom's falling immunization rates - with the announcement that the government had taken legal advice on how it might make vaccinations compulsory." - in "The Case for Mandatory Vaccination", Nature, 27 November 2019.

*“**The 4 GPs include Sir Sam Everington, the chair of all the capital’s 32 NHS clinical commissioning groups (CCGs), which allocate health service cash in their areas. He helped advise the then health secretary Jeremy Hunt and was acting chair of the British Medical Association.***
He is also the clinical (medical) chair of CCGs in north-east London while his co-signatories – Dr Mohini Parmar, Dr Andrew Parson and Dr Josephine Sauvage – occupy the same senior roles in the NHS in the north-west, south-east and north central regions of the city.” *- in “Stop return of measles by making MMR jab compulsory, say Gps”, Guardian, 8 September 2019.*

“Primary schools should be presented with measles, mumps and rubella jab certificates before pupils are allowed to start, a Labour MP Barry Sheerman has said. The comments came as senior doctors called for primary schools to ban pupils who have not had the MMR vaccine. Parents should be required to prove that their 4 and 5 year-olds have received their 2 doses of the vaccine before their children can attend, *the GPs wrote in a letter to ministers.* ***The signatories include Sir Sam Everington, the chair of London’s 32 NHS clinical commissioning groups, Dr Mohini Parmar, Dr Andrew Parson and Dr Josephine Sauvage.”*** *- in “Schools should be presented with MMR jab certificates before pupils can start, MP says”, The Independent, 9 September 2019.*

Heart Failure 2018 – 2022



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14/04/2022

Our ref: FOI/05039

Dear Mr Thompson,

Your Request

Please can you provide the total number of patients that have been referred to the Heart Failure Diagnostic Clinic within your trust for the following years:

2017
2018
2019
2020
2021
2022 (to date)

Our Response

2018	**213**
2019	**172**
2020	**63**
2021	**603**
2022 up to the end February	**104**

Prior to 2018 this data is not readily available and would require a manual trawl through paper records which would constitute a disproportionate effort to retrieve and would exceed 18 hours. This information is therefore exempt on the grounds of cost (Section 12(1)).

"In the free world people are superhuman, wise, enlightened. What a terrible blow it is to find out that, there are just the same idiots, incompetent fools, frightened bureaucrats, confused bosses, paranoid fears of deception and surveillance." *- Svetlana Iosifovna Alliluyeva, daughter of Stalin, in "The Observer", 1984.*

Taking into consideration that viruses don't exist, and if you have read the last 3 books on the "Covid-19 The UN-Told Story", you should know that Pneumonia can be caused by any of the more than 400 bacteria know to cause Pneumonia.

So, with this in mind, and knowing that, has it has been observed by the chief pharmacists at the Spanish Hospital's in 2019, Pneumonia / Influenza/ Flu vaccines don't work, have never worked, but has they found out, ant the document is published in the first book, those who took the vaccine died.

With this in mind please read the following:

Pfizer and BioNTech Could Make $13 Billion from Covid-19 Vaccine

"The US drugmaker Pfizer and the German biotech firm BioNTech stand to bring in nearly $13 Billion in global sales from their coronavirus vaccine next year, which will be evenly split between the 2 companies, according to analysts at the US investment bank Morgan Stanley.

Pfizer's half would be more than the US pharmaceutical group's bestselling product, a Pneumonia Vaccine that generated $5.8 Billion last year." - in "Pfizer and BioNTech could make $13bn from coronavirus vaccine", The Guardian, 10 November 2020.

Pfizer Contracts

Country	Date	Type	Doses	Price Per Dose
Albania	Draft	Draft Definitive Agreement	500,000	$12
Brazil	03/15/21	Definitive Agreement	100 million	$10
Colombia	02/02/21	Definitive Agreement	10 million	$12
Chile	12/01/20	Definitive Agreement (Redacted)	10 million	Redacted
Dominican Republic	10/29/20	Binding Term Sheet	8 million	$12
European Commission	11/20/20	Custom Advance Purchase Agreement	200 million	$18.6
Peru	17/09/20	Binding Term Sheet	10 million	$12
United States	21/07/20	Custom Advance Purchase Agreement (Redacted)	100 million	$19.5
United Kingdom	12/10/20	Custom Advance Purchase Agreement (Redacted)	30 million	Redacted

Pfizer's demands have generated outrage around the world, slowing purchase

Vaccines Damages Payment Scheme

"More than 1,200 claims have been made to the Vaccines Damages Payment Scheme (VDPS), which entitles successful applicants to up to £120,000 **if a causal link between vaccination and severe reaction, culminating in injury or death, is proven.**

Some applicants have been waiting nearly a year, **despite families having medical certificates confirming that vaccination was responsible for the death of their loved ones."** - in "Families of people who died after taking Covid vaccine 'ignored' as zero compensation payouts made", The Independent, 30 April 2022.

> ***"Currently, in order to qualify for the payment, it must be accepted, on the balance of probability, that there is a causal link between the vaccine and the claimed disability and that the resulting disability amounts to severe (ie at least 60%) disablement."*** *- in "Government to add COVID-19 to Vaccine Damage Payments Scheme", GOV.UK, 3 December 2020.*

First UK Person to Get £120,000 Covid Vaccine Payment After Fiance Died From Blood Clot

"Rock musician's fiancée will become the first person in the UK to receive £120,000 Covid vaccine damage payment after the 48-year-old died from a blood clot following his AstraZeneca jab. The singer, fell ill with an agonising headache on 13 May 2021, 8 days after having the first jab, at Penrith Auction Mart in Cumbria.

He died at Royal Victoria Infirmary, Newcastle, on 19 May 2021." - in "Rock musician's fiancee will become first person in UK to receive £120,000 Covid vaccine damage payment after 48-year-old died from blood clot following AstraZeneca jab", Daily Mail, 21 June 2022.

First UK Person to Get £120,000 Covid Vaccine Payment After Paralysed by Covid jab

"Family have been campaigning for people who have fallen ill after taking the vaccine. Is back home after **420 days in hospital. Fallen desperately ill just days after having his first dose of the Covid-19 Vaccine, and ended up on a ventilator fighting for his life for months.**

He was then diagnosed with Guillain-Barré syndrome." - in "Fit and healthy dad 'paralysed by Covid jab' wins £120k payout in UK first", Stoke Sentinel, 24 June 2022.

*"And my message to unvaccinated Americans is this: What more is there to wait for? What more do you need to see? **We've been patient, but our patience is wearing thin."** - Joe Biden, in "White House", 9 September 2021.*

*"**We should never forget that the business model of drug companies is organized crime; that our prescription drugs are the third leading cause of death** after heart disease and cancer **in the Western world; and that most of those who died didn't need the drug that killed them."** - Peter C. Gøtzsche, in "Indian Journal of Medical Ethics", 10 June 2022.*

*"President Reagan is under heavy pressure from drug makers to sign legislation that would bypass the courts and set up a federal fund for **children injured by vaccinations.** The measure results from a **nationwide campaign in 1978 that ushered in strict enforcement of state laws requiring immunization. It also resulted in increased injuries to children. 50 to 75 youngsters each year suffer permanent neurological damage as a result of vaccines, mainly pertussis, or whooping cough,** American Academy of Pediatrics says." - in "Reagan Under Pressure From Doctors Drug Makers to Sign Vaccine Bill", AP, 28 October 1986.*

First People in Canada Approved for Compensation from COVID-19 Vaccine Injuries

"Ross Wightman was diagnosed with Guillain-Barré Syndrome, which left him partially paralyzed, after a first dose of the Oxford AstraZeneca COVID-19 vaccine in April 2021.

> ***"I had full facial paralysis, I could blink but I couldn't smile or show my teeth at all, and had paralysis from the waist down as well."***

The maximum lump-sum amount a person can receive through the VISP is $284,000.

He is eligible for income replacement at $90,000 per year." - in "B.C. man one of the first Canadians to receive compensation for vaccine injury", National Post, 6 June 2022.

COVID-19 Vaccination and Its Potential Impact on Fetal and Neonatal Development

"Vaccines have been developed at "warp speed" to combat the COVID-19 pandemic caused by the SARS-CoV-2 coronavirus.

When assessing the safety of these vaccines, pregnant women have not been included in clinical trials.

Thus, vaccine safety for this demographic, as well as for the developing fetus and neonate, remains to be determined.

A global effort has been underway to encourage pregnant women to get vaccinated despite the uncertain risk posed to them and their offspring.

Post-hoc data collection, potentially for years, will be required to determine the outcomes of COVID-19 and vaccination on the next generation.

Most COVID-19 vaccine reactions include injection site erythema, pain, swelling, fatigue, headache, fever and lymphadenopathy, which may be sufficient to affect fetal/neonatal development.

Others have implicated antiphospholipid antibodies in both COVID-19 and VIPIT-related thrombosis.

Collectively, the above autoimmune responses triggered by infection with SARS-CoV-2 or the COVID-19 vaccines suggest potential negative outcomes on fetal and neonatal development.

As with APS, cytokine storms and thromboinflammation are of concern - as is the potential for autoantibody responses that could target fetal/neonatal proteins." - in "Maternal COVID-19 Vaccination and Its Potential Impact on Fetal and Neonatal Development", Vaccines (Basel), November 2021.

Spontaneous Abortions After COVID-19 Vaccines

"The use of mRNA vaccines in pregnancy are reported as being safe for pregnant women and their unborn child(ren) for protection against COVID-19, in countries such as New Zealand, USA, and Australia.

However, the article by Shimabukuro et al. (2021) used to support this idea, **on closer inspection, provides little assurance, particularly for women exposed in early pregnancy.**

Here, we outline these concerns and question the unrestricted use of these vaccines in pregnant women.

The authors analyzed the v-safe registry data from 14 December 2020 to 28 February 2021, which included 827 pregnancies (of 3,958 enrolled) for which there was a recorded outcome.

Closer inspection of the 827 women in the denominator of this calculation reveals that between 700 to 713 women were exposed to the vaccine after the timeframe for recording the outcome had elapsed (up to 20 weeks of pregnancy).

Our re-analysis of these figures indicates a cumulative incidence of spontaneous abortion ranging from 82% (104/127) to 91% (104/114), 7–8 times higher than the original authors' results.

Using information from the article, we derived the periods of pregnancy in which women were first exposed to the vaccine, and hence approximate counts of women who were at risk of spontaneous abortion after receiving the mRNA product: those exposed before 20 weeks' gestation.

Live births occurred in 712 women (724 infants, including 12 multiples), with 700 (98.3%) first exposed to the vaccine in the third trimester, and only 12 women exposed before 26 weeks' gestation.

The Shimabukuro et al. study to support the use of the mRNA vaccine in early pregnancy, has now been hastily incorporated into many international guidelines for vaccine use.

Additionally, the product's manufacturer, Pfizer, contradicts these assurances, stating:

> ***"Available data on Comirnaty administered to pregnant women are insufficient to inform vaccine-associated risks in pregnancy, it is not known whether Comirnaty is excreted in human milk, data are not available to assess the effects of Comirnaty on the breastfed infant".***

Caution should be exercised in the administration of vaccines in pregnancy, as indicated by the possible association between the exposure to influenza vaccines containing H1N1pdm09 (2010–11 and 2011–12) and spontaneous abortion.

Considering the evidence presented here, we suggest the immediate withdrawal of mRNA vaccine use in pregnancy (Category X) **and those breastfeeding, alongside the withdrawal of mRNA vaccines to children or those of child-bearing age in the general population."**

Editor's Note 2: **On 24 June 2021, Dr Shimabukuro also presented data from the Vaccine Safety Datalink to the US Advisory Committee on Immunization Practices (ACIP) and concluded that the system captured no (zero) serious adverse events or deaths that could be attributed to the COVID-19 vaccine.**

On June 10, 2021, Dr. Shimabukuro reported no increased risk of myocarditis using data from the VSD to the Vaccines and Related Biological Products Advisory Committee (VRBPAC). Soon after these presentations, US FDA issued an advisory on the risk of myocarditis and pericarditis from the Pfizer/Biontech Bnt162b2/Comirnaty vaccine. The information present to ACIP was critical in their decision on vaccine recommendations. I have addressed the absence of and failure of "pharmacovigilance" in a recent Editorial in this journal."
- in **"Spontaneous Abortions and Policies on COVID-19 mRNA Vaccine Use During Pregnancy", October 2021.**

Attributing Deaths to COVID-19 Vaccines Guide for Medical Practitioners

"In practice not all post-vaccination deaths will be vaccine-related but rather as a result of the person's underlying health conditions.

When is the death of a person who has received a COVID-19 vaccine reportable to the coroner?

The fact that a person received a COVID-19 vaccine some time prior to their death does not of itself make their death reportable to the coroner. The death of a person who has received a COVID-19 vaccination will only be reportable to the coroner if:

- The death may be vaccine-related (health care related); or
- The death is reportable for another reason (for example - the person died as a result of mechanical fall-related injury).

The legal threshold for issuing a cause of death certificate in Queensland is whether the certifying doctor can form an opinion as to the probable cause of death.

This is a clinical assessment based on information about the patient's medical history and the circumstances of the death to arrive at an opinion about the most likely cause of death.

For patients who have recently received a COVID-19 vaccine, this includes consideration about the vaccine's potential involvement **within the context of the person's pre-existing comorbidities.**

Additional adverse drug events of special interest being monitored for by the TGA for both vaccines that carry a mortality risk include:

1. Clotting disorders without thrombocytopenia (low platelets) including stroke, pulmonary embolism and deep vein thrombosis.
2. Seizures.
3. Acute cardiac injury, for example myocarditis and pericarditis, heart failure and cardiogenic shock, arrhythmia.
4. Capillary leak Syndrome.
5. Guillain-Barre syndrome.

Events, including Guillain-Barre syndrome, myocarditis and pericarditis and seizures, are being monitored because they have been observed with other vaccines.

Ask yourself:

> ***"Knowing everything you know about the patient and their pre-existing comorbidities and health risk factors; would you have expected the person to die regardless of having received the COVID-19 vaccination when they did?"***

Where the doctor is comfortable the death is from a natural cause unrelated to the COVID-19 vaccine, the doctor is encouraged to issue a cause of death certificate. The death does not need to be discussed with or reported to the coroner.

Example COVID-19 Vaccination Cause of Death Cases

Case 1:
Recommendation: In this example, the combination of his age, comorbidities, recent wellness and time interval between vaccinations and death makes **the death unlikely to be vaccine related. It is reasonable to issue a cause of**

death certificate based on his age and comorbidities.

Case 2:

Recommendation: In this example, the combination of his age, limited life expectancy due to a known malignancy and brand of vaccine makes **the death unlikely to be vaccine-related** notwithstanding the time interval between the vaccine and death. **It is reasonable to issue a cause of death certificate based on his pre-existing comorbidities.**

Case 3:

Recommendation: In this example, the combination of her age and the absence of symptoms of anaphylactic reaction or symptoms associated with a clotting complication makes **the death unlikely to be vaccine related** notwithstanding the time interval between vaccination and death. **It is reasonable to issue a cause of death certificate based on her pre-existing comorbidities.**

Case 4:

Recommendation: In this example, the combination of his age, comorbidities and absence of symptoms of anaphylactic reaction or symptoms associated with a clotting complication make **the death unlikely to be vaccine related** notwithstanding the recency of the vaccine and his post-vaccine deterioration. It is recommended that the treating GP seek clarification from the hospital treating team about his condition on discharge home and speak with the family to clarify his condition once he returned home. It is also reasonable for **the GP to seek advice from the Coronial Registrar regarding whether a cause of death certificate can or should be issued.**

Case 5:

Recommendation: In this example, the time interval between the vaccination and his rapid deterioration is such that **the vaccination cannot readily be excluded as directly contributing to his death** notwithstanding his age, frailty, and comorbidities. It is recommended that the treating **GP seek advice from the Coronial Registrar regarding whether a cause of death certificate can or should be issued.**

Case 6:

Recommendation: In this example, the time interval and **deterioration after vaccination leading up to death raises a reasonable concern that the death may be vaccine related.** It is reasonable for the treating **GP to decline to issue a cause of death certificate and report the death to the Coroner.**

Case 7:

Recommendation: In this example the time interval and symptoms **post-vaccination and shortly prior to death raises a reasonable concern that the death may vaccine-related.** It is reasonable for **the GP to decline to issue a cause of death certificate and report the death to the Coroner.**

Case 8:

Recommendation: In this example, the combination of his age and time interval from vaccination to **death raises a reasonable concern that the death may be vaccine related.** It is reasonable for **the GP to decline to issue a cause of death certificate and report the death to the Coroner.**" - in "**Attributing deaths to COVID-19 vaccines – a guide for medical practitioners", Queensland Health, Australia, Version 1.3 Updated, 18 August 2021**

During the **Fake Pandemic from 2020 to 2022**, and still ongoing. All deaths (from any cause), where claimed to be due to "Covid-19", (no autopsy was needed (actually autopsy's where not allowed and discouraged), thus all deaths where claimed to be from the so-called "Covid-19" "Virus". **But when it comes to vaccination, all deaths occurring immediate, or soon after vaccination, aren't "vaccine-related but rather as a result of the person's underlying health conditions"**. And Medical Trade Practitioners are "advised" (cohered), **"the GP to decline to issue a cause of death certificate".**

It is clear that we are dealing here with individuals who are either Professional Clowns or Psychopaths.

Doctor's Death After Getting Covid-19 Vaccine in Florida

"Health authorities are investigating the case of a Florida doctor who **died from an unusually severe blood disorder 16 days after receiving the Pfizer Coronavirus Vaccine.**

Dr Gregory Michael, a 56-year-old obstetrician and gynecologist in Miami Beach, **received the vaccine at Mount Sinai Medical Center on 18 December 2020, and died 16 days later from a brain hemorrhage".** - in "Doctor's Death After Covid Vaccine Is Being Investigated", The New York Times, **12 January 2021.**

180 Deaths Following Covid Vaccination in India

"As on 29 March 2021, a total of 180 deaths have been reported following Vaccination across the country.

The European Medicines Agency (EMA) has included only 6 deaths from India after Vaccination with Covishield for its analysis. **Due to a massive backlog in processing assessments in India, we have reported the data internationally for just a tiny fraction of the actual cases that have occurred."** - in "Coronavirus 180 deaths following vaccination reported in India", The Hindu, **9 April 2021.**

13 Year Old Dies After Second COVID Vaccine in Michigan

"CDC panel just met this week to weigh **vaccine risk to kids.** Michigan **Health Authorities reported to the agency that a 13 year old boy died within days of receiving the shot.** The Saginaw **County Health Department said that it received a death notice from the medical examiner 17 June 2021 that the boy had died 3 days after receiving the second vaccine doses."** - in "Teen boy Dies a few days after receiving second COVID Vaccine shot", The Mercury News, **25 June 2021.**

43 Year Old Dies After Covid Vaccine in UK

"A women 43 Year Old "died with blood clots" after AstraZeneca Covid Vaccination.

She'd never suffered from blood clots.

She was healthy before she had that jab.

Has tragically **died with blood clots after having an early Oxford/AstraZeneca Covid-19 vaccination.**

Her partner believes she would still be alive if she hadn't had the jab – has now decided to speak out after hearing about **the death of BBC Newcastle Radio presenter Lisa Shaw, who died in similar circumstances.**" - in "Mum of three 'died with blood clots' after AstraZeneca Covid vaccination", Surrey Live, **3 June 2021.**

13 Year Old Dies After Second Covid Vaccine in Guyana

"The Ministry of Health is investigating the case of a 13 year old Region One boy who **died yesterday, hours after he was administered the second dose of the COVID-19 Pfizer-BioNTech vaccine.**

According to the Ministry, Henry was administered the second dose of the Pfizer Vaccine around 2pm yesterday.

Two hours after, he fainted and died, the Ministry said." - "Moruca boy dies shortly after second vaccine dose, ministry probing", Stabroek News, Guyana, **5 October 2021.**

12 Year Old Dies After Covid Vaccine in Germany

"A 12 year old child from the Cuxhaven district died shortly after a Corona Vaccination. According to the preliminary autopsy report, experts from forensic medicine at the University Hospital Hamburg-Eppendorf considered it likely that the death was due to the vaccination.

The child got the **vaccine from Biontech/Pfizer, 2 days between vaccination and death."** - in **"Child from Cuxhaven dies two days after corona vaccination, Forensic medicine considers it likely that death is due to the corona vaccination"**, Berliner Verlag, **3 November 2021.**

3 Deaths Following Covid Vaccination Washington

A 17-year-old female from Washington died from cardiac arrest 36 days after having received her second Pfizer vaccination. She becomes the 3rd person found in the Vaccine Adverse Event Reporting System (VAERS) to possibly have died from a COVID-19 vaccine." - in "Seventeen-year-old Washington female dies from heart attack weeks after receiving second Pfizer vaccination", Clark County Today, 15 November 2021.

346 Deaths Following Covid Vaccination Spain

"The Spanish Agency for Medicines and Health Products (Aemps) published a pharmacovigilance report which sheds light on the information that those unconvinced by getting the vaccine often want to see before deciding. **There have been 346 Deaths among people in Spain following their Covid-19 vaccination. There have been 10,091 cases of Serious Side Effects to the Covid-19 vaccine in Spain." -** "How many people in Spain have died after getting the Covid-19 vaccine?", The Local, **26 November 2021.**

3rd Child in Vietnam Dies After Covid Vaccination

"A 12-year-old boy in the southern Binh Phuoc Province died Tuesday after receiving the Pfizer vaccine, marking **the third death among children following Covid vaccination in the country."** - in "VnExpress", Vietnam, **30 November 2021.**

3 Year Old Dies After Covid Vaccine in Argentina

"Investigation has launched after 3 year old girl Dies from Cardiac Arrest one day after receiving COVID-19 Vaccine in Argentina." - in "Tucumán Ministry of Health, **17 December 2021.**

116 Deaths Associated to the Taking of Vaccines Portugal

"The death of a 6 year old boy in Lisbon on Sunday **following "notification of a suspected adverse reaction" to the Covid vaccine** is under investigation.

He had received the first dose of Pfizer mRNA Covid vaccine the week previously. Up till 31 December 2021, there were 116 Deaths associated to the taking of the vaccines in Portugal." - in **"Death of six-year-old child: Infarmed confirms notification of suspicion of adverse reaction to vaccine"**, Portugal Resident, **18 January 2022.**

355 Reports of Death Following Vaccination Canada

"Up to and including 24 June 2022, a total of 355 reports with an outcome of death were reported following vaccination. Although these deaths occurred after being vaccinated with a COVID-19 vaccine, they are not necessarily related to the vaccine. Based on the medical case review using the WHO-UMC causality assessment categories, it has been determined that:

195 Reports of Deaths could not be assessed due to insufficient information.

110 Reports of Deaths are unlikely linked to a COVID-19 Vaccine. 50 Reports of Death are still under investigation.

This monthly report would not be possible without the collaboration of federal, provincial and territorial public health partners as well as everyone taking part in the COVID-19 vaccination rollout in Canada." - in "Reported side effects following COVID-19 vaccination in Canada", Government of Canada, **8 July 2022.**

84 Deaths Following Use of the COVID-19 Vaccine UK

"Up to **13 July 2022**, the Medicines & Healthcare products Regulatory Agency (MHRA) had received Yellow Card reports of 443 cases of major thromboembolic events (blood clots) with concurrent thrombocytopenia (low platelet counts) **in the UK following vaccination with COVID-19 Vaccine AstraZeneca. The overall case fatality rate with 80 Deaths, 6 of which occurred after the second dose.**

Up to 13 July 2022, the MHRA had received Yellow Card reports of 32 cases of major thromboembolic events (blood clots) with concurrent thrombocytopenia (low platelet counts) **in the UK following use of the COVID-19 Vaccine Pfizer/BioNTech. The overall case fatality rate with 4 deaths reported.**" - in "Coronavirus vaccine - summary of Yellow Card reporting", MHRA, GOV.UK, **25 July 2022**.

Joe Biden on COVID-19 Vaccines for Children Under 5

"THE PRESIDENT: Thank you, Arseme [sic] — Arsema, and — for that introduction. And Jill and I were honored to visit your clinic today. We met with your fellow nurses and staff who are stepping up each and every day.

And we met with families of young children, 17, 18 families there waiting for their vaccine shots or have just gotten their vaccine shots, and, finally, COVID-19 vaccinations for children over 5 years of age.

Finally, some peace of mind. You know, this is or, shall I say, under 5 years. We have them for over 5 years. But over 5 months to 6 months to 5 years. And a historic, this is a very historic milestone, a monumental step forward.

The United States is now the first country in the world to offer safe and effective COVID-19 vaccines for children as young as 6 months old.

In the first time in our fight against this pandemic, nearly every American can now have access to lifesaving vaccines.

And we're ready.

My administration, with the help of the CDC, has been planning and preparing this moment — for this moment for a long time.

Since I took office, we've been committed to making sure every parent has the opportunity to protect their children from COVID-19.

We've secured enough doses and we're launching a comprehensive effort with states, local health departments, pediatricians, family doctors, pharmacies, rural health clinics, community health centers, and other trusted messengers and partners to get the word out to get — help to get shots in arms.

Parents will soon be able to start scheduling an appointment and addressing vaccines at pediatricians' offices, children's hospitals.

Our largest pharmacies — partners and — that are Walgreens, CVS, and Walmart — are already scheduling appointments for later this week.

And starting today, you can go to Vaccines.gov and find information and appointments near you.

More and more locations will be ramping up, and more vaccines are delivered to providers in your areas every day.

These vaccines are safe and effective, and are approved after extensive scientific review by the Food and Drug Administration — the FDA — and the Centers for Disease Control and Prevention — the CDC.

But I know some parents might have questions.

I encourage you to talk to the doctor — after you make a plan to get your child vaccinated — for your children older than 5 years of age.

For everyone else: Get your shots. Get your boosters. And let's be clear: Elected officials shouldn't get in the way and make it more difficult for parents who want their children to be vaccinated, who want to protect them and those around them.

This is no time for politics. It's about parents being able to do everything they can to keep their children safe.

Together, we've come a long way in our fight against COVID with vaccines, treatments, and other tools that are widely available.

More than 220 million Americans are fully vaccinated. More than 100 million Americans are boosted.

Daily deaths due to COVID-19 are down 90%.

And now, vaccinations are available for nearly every American. And we'll remain vigilant.

Q Mr. President, are you accounting — I know you're looking for more money from Congress for this vaccine campaign and for COVID funding going into the fall. How much of the supply of vaccines for these small children is there? And how many of the nation's kids will you be able to get vaccinated before you need more money from Congress?

THE PRESIDENT: Well, we'll get through at least this year.

We do need more money.

But we don't just need more money for vaccines for

children, eventually; we need more money to plan for the second pandemic.

There's going to be another pandemic. We have to think ahead.

And that's not something the last outfit did very well.

That's something we've been doing fairly well. That's why we need the money." - Joe Biden, in "The White House", 21 June 2022.

Winter of Severe Illness and Death for the Unvaccinated Hospitals Overwhelm

"THE PRESIDENT (Joe Biden) - For unvaccinated, we are looking at a winter of severe illness and death — if you're unvaccinated — for themselves, their families, and the hospitals they'll soon overwhelm.

But there's **good news: If you're vaccinated and you had your booster shot, you're protected from severe illness and death** — period.

Number 2, **booster shots work.**

Three, **boosters are free, safe, and convenient**.

About **60 million people have one — have been boosted.**

So, go get your shot today.

Go get boosted if you've had your first 2 shots.

If you haven't, **go get your first shot.** It's time. It's time. It's past time.

And **we're going to protect our economic recovery if we do this. We're going to keep** schools and **businesses open if we do this.** And I want to see everyone around enjoy that.

I want to see them enjoy the fact that they're able to be in school, **that businesses are open** and the holidays are coming.

So, get your booster shot. It's critically important.

And if you haven't — if you haven't gotten your booster shot, **get your first shot.**

We're in a situation where we have 83% of the American people who've gotten one shot — 12 years and older.

400,000 shots per day now. 202 are fully vacc- — two hundred and two million (202,000,000) are fully vaccinated.

57 – excuse me – 570 five – excuse me – I don’t want to read – I’m not sure I got the right number.

The — the total number of boosters is what?

DR. FAUCI: Fifty-seven million (57,000,000).

THE PRESIDENT: **Fifty-seven million boosters — one million a day.”** - in “Remarks by President Biden After Meeting with Members of the COVID-19 Response Team”, 16 December 2021.

Needless is to say that the winter of 2021/22 was a normal winter, but the clowns controlling the White House politicians got their message across.

50% People Who Died Where Vaccinated

> ***“I knew these vaccines were not going to protect against infection. And I think we overplayed the vaccines. Let's be very clear: 50% of the people who died from the Omicron surge were older, vaccinated.”*** *- in “**Dr Deborah Birx** says she 'knew' COVID vaccines would not 'protect against infection', The **former White House COVID response coordinator downplays vaccine efficacy**”, FOX News, **22 July 2022.***

Bye Bye Boris

"**Tucker Carlson** - First the obvious question:
Why did Boris Johnson resign as Prime Minister?
Is there a specific reason?

Thomas Corbett-Dillon (Former Adviser to Boris Johnson, Prime Minister of the UK) - It's chaos, it really is, the short of the story is that we elected Boris to be the British Trump, he was going to shake up the system, he was going to deliver Brexit, he was going to stick it to the elites, but he very quickly got sucked in by the sort of Globalist Agenda.

He spent a lot of time sucking up to Macron, French President, and Merkel, German Chancellor, that he forgot he's a conservative.

He went very hard on Lockdown, very hard on Vaccines, he became Woke, and then he fully signed up to this Greta Thunberg idea of the world is ending, which is not what the conservative people voted for. Boris was elected by a very large group of working-class voters.

It was the first time they'd ever voted for a conservative politician, and these people want simple things; more jobs, lower tax, tough on crime, tough on the border, and tough on our enemies.

But he got sucked into this Globalist Agenda.

That just wasn't what the people wanted.

So eventually the Members of Parliament started listening to the people on the ground, and realized that this was not the leader for them any more.

Tucker Carlson - He so humiliated himself, that **you almost feel like there was something else going on here**, why would he have been sucked into the most conventional dumb kind of lifestyle liberalism, when he's obviously a very smart guy.

Thomas Corbett-Dillon - Yeah, **he sort of fell in with that elite crowd, and he was travelling the world**, and all of these things, what seems to happen is **the government just lost their way, they didn't know what they were trying to do,** and they didn't know what the policies were.

They tried to do this Global Britain thing, but we have huge issues in the UK with fuel crisis, and inflation, and all these things that is what the people want, and that's not what he was delivering any more.

So it's a shame because he had a lot of potential, we were very excited, he had everything, he even had the hair like Trump but it just didn't come through in the end.

Tucker Carlson - It's so sad, the whole thing and also weird." - in "Why did Boris Johnson leave office?", Fox News, 7 July 2022.

Boris Johnson Once Promising Leader Ends His Tenure as WEF-Approved ESG-Compliant Marionette

"I can't think of a single world leader who has done more damage to humanity, since 2019, than Boris Johnson.
And yet, his reign of terror over a once great empire was not enough for the proponents of "The Great Reset" and "Build Back Better" agenda. Johnson generated more COVID hysteria than any other world leader. He pursued 2 full years of authoritarian rule, pursuing ruthless lockdowns, implementing vaccine passports, installing a surveillance state, and making a mockery of the unalienable rights of UK Citizens. He catered to every slogan and policy initiative of the World Economic Forum (WEF) globalist mafia.
And still, the UK Prime Minister has been quickly relinquished of his marionette duties for not moving the levers of his country fast enough in the direction of global tyranny."
- Jordan Schachtel, LewRockwell, 8 July 2022.

Vaccines Paddler

Among other things this Boris also created the first ever **Minister for Covid Vaccine Deployment,** Nadhim Zahawi, in November 2020.

In 2011 Nadhim Zahawi **co-authored Masters of Nothing with fellow MP Matt Hancock.**

This serves to illustrate, and brings home the reality that the illusion that Democracy can be achieved within a Political Party System is rotten, the system in the end serves: first and foremost the Financial Organizations such as; Assets Managers, Mutual Funds, and large Corporations, not the people.

It is interesting to mention that for example: Boris Johnson the UK Prime Ministers mentioned once, that if he had to name who was his boss, he would fought the "Independent Newspaper", as his boss (so it would be good to see who are the owners and shareholders of the Independent Newspaper UK, and how this relates to the created "Pandemic").

Another eye opener was on the occasion for the Vote of No Confidence in Boris Johnson on the 6 June 2022.

> ***"Twenty two (22) Conservative Party donors who have collectively given the party more than £18 Million in recent years have signed a joint letter backing Boris Johnson."*** *- Harry Cole, in "The Sun", 6 June 2022.*

> ***"Britain climbed new heights in breathtaking levels of corruption, as Tory donors had their paths smoothed to lush Covid contracts"*** *- in "The Observer view on Boris Johnson's baleful legacy", 10 July 2022.*

The question then arises:

- Who does the Government serves, the citizens who elected the party to government, or the party donors?

USD$2.5 Billion Federal Funding went to Moderna the CEO then Received USD$1 Billion

"Moderna's board of directors approved a golden parachute for CEO Stephane Bancel worth more than $926 Million at the end of last year, up from $9.4 Million in 2019 before Covid-19 upended the world order.

Moderna President Stephen Hoge's cashed out $165.9 Million in stock options in 2021. Chief Technical Officer Juan Andres cashed out $194.3 Million in options.

Moderna, was little known outside biotech circles before the pandemic, had a blockbuster 2021.

The vaccine remains Moderna's only commercially available product." - in "Moderna CEO Bancel's golden parachute soared by hundreds of millions over the pandemic", 10 March 2022.

Global Science Superpower

"Today we're trying to get over the the point that the long-term future for this country, is in Science and Technology, that is what is going to drive jobs and growth for decades to come.

The Government's putting £40 Billion pounds into Research and Development (R&D), scientific R&D over the next 3 years biggest ever investment, and we're putting £1 Billion pounds here in the incredible Francis Crick Institute.

But what we want to see is UK companies more than matching that, and at the moment we underperformed.

We have the best Scientists, we have the best Universities, we have more breakthroughs, we have more fantastic scientific papers peer-reviewed papers.

But unfortunately, we don't often get the commercial progress, that we would like by those companies.

So, what we want to see is companies putting more of their own cash into R&D.

So, we're doing a huge amount, government's doing a huge amount, but for the UK to lengthen its lead as a science superpower, we need the companies to do more.

I'm determined to just get over the number one message today, which is about investment in science, in technology.

When I look at what we've done over the last few years [2020-21-22], with the investment in R&D, creating the Advanced Research & Invention Agency (ARIA), the new independent UK science and innovation agency.

My job in the next few days, and weeks is to continue with the program on which we were elected, which included making sure that the UK was restored to its status as a Science Superpower.

The country that split the atom, invented the MRI you name it, it all happened here, but we don't make enough money out of it.

The reason we are here [Francis Crick Institute] today, I think science, technology, our natural genius in this area, is one of the many, many things that is going to carry us forward and make sure that our future is very bright.

I know that whatever happens, whoever takes over [new prime minister], there is a great, great agenda to be continued, and that we've put in some pretty fantastic investments, not just in science, but in infrastructure, in skills and in technology.

What I will say is that whoever is picked, I have no doubt will want to continue to support brilliant places like the Francis Crick Institute.

I'm proud to say I helped lay a foundation stone when I was mayor of London here, and I gave this place planning permission, and I remember the arguments we had about trying to make sure that the tube trains didn't run underneath it, and disturb the delicacy of the experiments.

I can't tell you how proud it makes me to stand here today, and see it up and running, see people doing incredible things, **and the point I want to make it to everybody is that there are many, many ways in which the UK is world beating, but Science, Technology, R&D are amongst them.**

I want massive government investment to be matched by equal enthusiasm from the private sector.

We tend to make our money as companies, by buying and selling companies.

In other countries they invest more in the long term, and in R&D that's my sermon for today." - Boris Johnson, outgoing prime minister of the UK, speaking to the press for the first time since his resignation speech, at the Francis Crick Institute, London, 11 July 2022.

Francis Crick Institute

"The Francis Crick Institute (formerly the UK Centre for Medical Research and Innovation) is a biomedical research centre in London.

The institute is a partnership between:

1. Cancer Research UK.
2. Imperial College London.
3. King's College London.
4. Medical Research Council, University College London.
4. Wellcome Trust.

The institute has an annual budget of over £100 Million, making it the biggest single biomedical laboratory in Europe.

The institute is named after the molecular biologist, biophysicist, and neuroscientist Francis Crick, co-discoverer of the structure of DNA, who shared the 1962 Nobel Prize for Physiology and Medicine with James Watson and Maurice Wilkins.

In December 2006, the Cooksey Review, commissioned by the Chancellor Gordon Brown in March, was published, **it assessed the strategic priorities of UK health research, highlighting in particular the importance of translating basic research into health and economic benefits.**

The Institute is a registered charity led by a board of trustees, an executive committee, a scientific management committee and a scientific advisory board.

As of 2019 the board is chaired by John Browne and includes **Kate Bingham, Jeremy Farrar.**

In July 2015 GlaxoSmithKline was announced as the institute's first commercial partner. The deal involves contribution of resources and personnel to joint projects." - in "Wikipedia", 11 July 2022.

Advanced Research and Invention Agency (ARIA) - 2021

"ARIA will be based on models that have proved successful in other countries, in particular the influential US Advanced Research Projects Agency (ARPA) model.

More recently, ARPA's successor, DARPA, was a vital pre-pandemic funder of mRNA vaccines and antibody therapies, leading to critical COVID therapies.

ARIA will unleash our most inspirational scientists and inventors, empowering them with the freedom to drive forward their scientific vision and explore game-changing new ideas at a speed like never before.

This will help to create new inventions, technologies and industries that will truly cement the UK's status as a Global Science Superpower." - in "UK to launch new research agency to support high risk, high reward science", GOV.UK, this new agency announced on 19 February 2021.

> ***"Dawn Butler, Member of Parliament has said the fact ARIA is exempt from Freedom of Information requests would "raise alarm bells" about how taxpayer money is spent, in light of a recent scandal over how the UK government procured Personal Protective Equipement contracts during the so-called Covid-19 Pandemic. The agency's initial budget will be £800 Million over 4 years."*** *- in "Wikipedia", 11 July 2022.*

UK Research and Development Roadmap

“The UK is internationally recognised for our leadership in research, the excellence of our scientific institutions, and the innovation in our economy.

We discovered graphene and we decoded the structure of DNA.

Today, we are by far the top destination in Europe for venture capital, with inward investors attracted by our talented and diverse workforce as well as our cutting-edge technologies and services.

The COVID-19 pandemic has shown all of us the vital importance of science and innovation.

British researchers are at the forefront of global efforts to find a vaccine, and are working hard to map out the impact of the pandemic on our lives and livelihoods.

Organisations of all shapes and sizes have worked tirelessly to respond to the crisis in innovative new ways.

The pandemic has radically changed people’s behaviours and risk perceptions.

Social Science expertise is already being used to understand how behaviours are changing as a result of the coronavirus pandemic, and how they might potentially be sustained to facilitate a green recovery.

Alongside this, research is looking at how different people, have been affected during the lockdown.” - in “UK Research and Development Roadmap”, GOV.UK, 21 January 2021.

Radical Plans to Transform NHS Drawn Up by Drug Firms and UK Government

"A list of radical ideas for transforming the NHS, including lifting safeguards blocking startups access to patient data, and nurses being incentivised to help speed trials, was privately drawn up by drug and healthcare companies in talks with senior [Boris Johnson UK Government] No 10 advisers.

A "Pharma round table" by representatives of companies GlaxoSmithKline, Johnson & Johnson, Drug Firm lobbyists and figures including Johnson's chief health adviser, William Warr, and at another for digital health." - in **"Radical plans to transform NHS drawn up at drug firms and No 10 roundtable"**, The Guardian, **4 May 2022.**

UK Life Sciences Industrial Strategy - 2017

"1. Health Advanced Research Programme (HARP): establishing a coalition of funders to undertake large research infrastructure projects and high risk 'moonshot programmes', and supporting upcoming scientific platforms such as genomics and Artificial Intelligence (AI), with the aim of creating 2 to 3 entirely new industries over the next 10 years.

2. Reinforcing the UK science offer: further investment in basic science – including increasing spending on R&D from 1.6% of GDP to 2.6% over the next 5 years – and improving clinical trial capabilities, to enable the UK to compete globally in attracting discovery science programmes and clinical trials and ensuring continued access to world-class scientists.

3. Growth and infrastructure: optimising the UK's fiscal and tax environment to encourage upscaling of life sciences SMEs, with the aim of creating 4 UK companies

valued at >£20 billion market cap in the next 10 years; supporting the growth of the UK's life sciences clusters and networks; and attracting substantial capital investment in life sciences manufacturing and export capabilities.

4. NHS Collaboration: adoption and broadening of the Accelerated Access Review proposals to streamline the routes to market for new products – thus making the UK an attractive market in which to operate and launch – and provide patients with quicker access to innovative new treatments and technologies; and encouraging collaboration between the NHS and industry for the benefit of UK patients.

5. Data: establishing 2 to 5 Digital Innovation Hubs providing data access 3 to 5 million people, and other initiatives to improve the establishment of and access to national health datasets.

6. Regulation: continuing to work closely with the European Medicines Agency (EMA) post-Brexit, and retaining a science-friendly regulatory regime.

Core Recommendation

Create the Health Advanced Research Programme (HARP).

Reinforcing Actions

1. Establish a coalition of funders to create the Health Advanced Research Programme to undertake large research infrastructure projects and high risk 'moonshot programmes', that will help create entirely new industries in healthcare.

2. Continued support for Genomics in Medicine including advancing proposals by the CMO for increasing genomic testing and screening.

3. Creating a platform for developing effective diagnostics for early, asymptomatic chronic disease.

4. Digitalisation and AI to transform pathology and imaging.

5. Support projects around healthy ageing.

UK's existing clusters should work together and with government to promote a 'single front door' to the UK for research collaboration, partnership and investment.

First for Pharma – North East England

The growth of the North East pharmaceutical and chemicals manufacturing sector is a strong example of successful Government industrial policy and investment from the late 1960s and early 1970s.

Today, there are 17 major pharmaceutical manufacturers in the region plus a larger number of SMEs, contract development and manufacturing companies. The region exports £2.7 billion of pharmaceutical and other chemical products to the EU alone, comparable to the £2.9 billion of cars and other transport products.

A recent survey of manufacturing site directors indicates that they are expecting to recruit an additional 7% of their current workforce in 2017 but at the same time many raised concerns over two aspects of Brexit a) the future of the UK's excellent manufacturing regulation systems which currently help support investment decisions and b) the need for tariff-free or low-tariff trade because many companies import raw materials and export products with very high added value.

Turning our scientific discoveries into manufacturing growth

Over the last 10-15 years, the UK has been unable to capture significant new manufacturing investments – specifically, despite the discovery of monoclonal antibodies in the UK, we have failed to capitalise on this by securing commercial-scale manufacturing of these high-value products.

Recent industry analysis has concluded that the US dominated at the early stage.

Raising money from venture capital for manufacturing in the UK was impossible; there was no real contract manufacturing sector and major pharmaceutical companies in the UK, who might have led investment, were relatively slow adopters of this new technology (GSK, AZ).

The second wave of manufacturing investments has largely gone to Ireland, Singapore, Germany and the US, which together have attracted the bulk of $125 billion investment on new plant and equipment for the manufacture of biologics and other novel medicines in the last 6 years.

Advanced Digital Design of Pharmaceutical Therapeutics

New, and in some cases, disruptive technology platforms are emerging, presenting opportunities to the UKdue to:

1. Step-change in the way we make established medicines through process innovation (e.g. continuous processing, digital manufacturing).
2. Synthetic biology, which will be important for the manufacturing of advanced therapeutics.
3. Advanced therapeutics, including antibody drug conjugates (ADCs), oligonucleotides, viral vectors, microbiome and therapeutic vaccines, and cell and gene therapies.

Manufacturing decisions have to be taken much earlier: today's medicines are moving through development phases at a speed never seen before thanks to regulatory innovation including conditional licensing, incentives and mechanisms such as early access schemes in Europe and breakthrough status in the USA.

Importantly, to deliver the potential for economic growth through the projects and programmes outlined in this strategy, there will be a need for oversight of this programme over the next 5 years.

Governance that sits on top of the strategy needs to define accountability for the relevant programmes and regularly review delivery from both industry and Government against the objectives of the strategy.

With that in place, the strategy will emerge as a dynamic set of actions that will ensure the most desirable outcomes for the economy, industry and the NHS." - John Bell GBE, FRS, FmedSci, Regius Professor of Medicine, University of Oxford, Chairman, Office for the Strategic Coordination of Health Research, in "Life Sciences Industrial Strategy – A report to the Government from the life sciences sector", September 2017.

"The Royal Society of Biology uses the term 'life sciences' to describe all areas of the science of life, from molecules through whole organisms to ecosystems, and across all biological specialisms. Under this definition, the life sciences extend far beyond Healthcare, Pharmaceuticals and Treatment. The Committee may wish to consider the potential confusion beyond policy circles about the use of the term 'life sciences' in relation to a sector-specific Industrial Strategy with a predominant focus on Biomedicine and Healthcare." *- in "Response from the Royal Society of Biology to the House of Lords Science and Technology Committee inquiry into Life Sciences and the Industrial Strategy", Royal Society of Biology, September 2017.*

UK Life Sciences Industrial Strategy - 2018

"Life Sciences Governing Body

The Government's system for implementation is too complex and duplicative.

We recommend that, in place of the Life Sciences Implementation Board and the Life Sciences Council, there should be a single body (referred to hereafter as the Life Sciences Governing Body) responsible for the delivery of the Life Sciences Industrial

Strategy, which should:

1. Be co-chaired by the Secretary of State for Business, Energy and Industrial Strategy and the Secretary of State for Health and Social Care with executive leadership from Sir John Bell as Life Sciences Champion;
2. Meet frequently;
3. Have a membership of about 12, including senior figures from the NHS, industry, academia and the charities sector;
4. Take the lead in drawing up an implementation plan, with clear milestones, timelines and criteria for success;
5. Task subordinate working groups with the actual operational delivery of specific areas of the plan;
6. Report to a Cabinet Committee.

The Secretaries of State for Business, Energy and Industrial Strategy and Health and Social Care should ensure the Life Sciences Governing Body has the backing required to do its work and should take responsibility for the cross-Government aspects of the strategy.

Role of the NHS

The Bell report says the NHS is "potentially an enormous asset for those attempting to discover and develop new, innovative products and to properly test their utility in a healthcare system".

Furthermore, exploiting NHS data has the potential greatly to benefit patient care, UK firms and the economy more widely. The NHS differentiates the UK from the rest of the world providing a unique selling point to the life sciences sector. We heard repeatedly that the NHS is vital to the successful implementation of the Life Sciences Industrial Strategy and the Health Minister told us that "the NHS part is critical" to the Strategy.

Sir John Bell told us that:

> ***"The senior people I have interacted with, want to see the health service deal with [the uptake and spread of innovation]; The problem is, it is not clear who is driving the bus. Whoever is driving the bus, the windscreen wipers do not work and the exhaust is falling off."***

NHS and Innovation

Almost all the evidence we received said that the NHS was poor at adopting innovation at scale. GSK told us that the NHS "offers a very powerful mechanism to both stimulate and benefit from, innovation" but "we are a long way from realising the full potential of the NHS".

AstraZeneca said that for the UK to "retain and attract more and new investment, companies need to see increased use by the NHS of the resulting innovations".

Smaller businesses that work with the NHS also criticised its uptake of innovation. Mark Campbell CBE, Senior Manager at Randox Laboratories, told us that if Randox Laboratories "had to survive on the income from innovation, we could not do it.

Health Advanced Research Programme

The Bell report places emphasis on the formation of the Health Advanced Research Programme (HARP).

The report described HARP as:

"Aimed at encouraging industry to take on bold, far-sighted ambitions in the life sciences to potentially create whole new industries based in the UK.

The intention should be to create commercial success by leading and developing new industrial sectors underpinned by novel technology and higher risk science." - in "Life Sciences Industrial Strategy: Who's driving the bus?", 27 March 2018.

John Irving Bell

"Sir John Irving Bell, GBE, FRS, FmedSci, FREng, a Canadian immunologist and geneticist.

From 2006 to 2011, he was President of the United Kingdom's Academy of Medical Sciences, and since 2002 he has held the Regius Chair of Medicine at the University of Oxford. Was since 2006 Chairman of the Office for Strategic Coordination of Health Research (OSCHR) but in 2020 became a normal member. Was selected to the Vaccine Taskforce sometime before 1 July 2020.

Is also on the board of directors of the SOE quango Genomics England." - in "Wikipedia", 12 September 2022.

Randox

"Randox is an international health and toxicology company in the in vitro diagnostics industry headquartered in the UK, and owned by Peter FitzGerald.

The company develops diagnostic solutions for hospitals, clinical, research and molecular labs, food testing, forensic toxicology, veterinary labs and life sciences.

It develops, manufactures and markets reagents and equipment for laboratory medicine, with a distribution network of 145 countries.

Randox is the biggest polymerase chain reaction testing provider in the UK and Ireland.

Randox received three contracts by the Department of Health and Social Care without having to compete for a tender.

In 2020, Randox was awarded nearly £500 Million by the UK government to provide private-sector COVID-19 testing at the cost of about £49 per kit.

In March 2019 it was reported that former cabinet minister and Conservative MP Owen Paterson, who was a consultant to Randox, had helped to lobby the government to seek contracts for them.

COVID-19 Testing

In May 2020, the company was awarded a £133 Million contract by the Department of Health and Social Care (DHSC) without having to compete for a tender.

When asked if Paterson had lobbied on behalf of the company a spokesman for DHSC said they were "unable to comment on the personnel matters of other organisations".

On 4 November 2020, the UK awarded a 6-month extension of the original contract for £347 million in COVID-19 testing without a public tender.

In June 2021, the company signed a 2 year deal with the British Olympic Association to test the British Team for COVID-19.

In total, Randox was awarded £777 Million by the UK government for COVID testing and it provided 23 million tests.

It contributed to Randox's sales increasing from £118 Million in 2018 to £218 Million from January 2019 to June 2020 and to £619m the following year.

The company moved from making a loss prior to June 2020 to a pre-tax profit of £275 Million the following year.

The National Audit Office (NAO) reported in March 2022 on the government's contracts with Randox, observing that "the documentation of the decision-making process for such large contracts was inadequate", and Government did "not document key decisions adequately when awarding a contract"." - in "Wikipedia", 12 September 2022.

UK Life Sciences Industrial Strategy - 2019

"William Warr's career just took a giant leap.

Has secured the top health policy adviser role in the UK Government.

Warr, currently works at Oxford University as a doctoral researcher in public health.

Warr, who studied politics before his post-graduate studies in public health, is a big proponent of exploiting the newest and best technology, from smartphone apps to genetic testing. A £20 genetic test can identify those at greater risk of contracting major chronic illnesses.

One of Warr's biggest pieces of work in recent years was co-writing the UK's Life Sciences Industrial Strategy alongside his Oxford University adviser, John Bell, a regius professor of medicine, in 2017.

That includes leading the "creation and development of the world's largest genetic project". - in "Politico", 1 August **2019.**

Bill Gates: How to Influence The Scare for "Pandemics"

> ***"Gates carefully curated web of influence is often invisible, but allows his foundation to drive the conversation in support of its vision on how to reshape. Critics call it meddling by a foundation with vast wealth and resources."*** *- in "AP analysis shows how Bill Gates influences education policy", AP,* ***16 May 2018.***

> *"Some billionaires are satisfied with buying themselves an island.* ***Bill Gates got a United Nations health agency in Geneva. Over the past decade, Bill Gates has become the World Health Organization's second biggest donor. This largesse gives him outsized influence over its agenda, one that could grow. He is treated liked a head of state, not only at the WHO, but also at the G20. The foundation's focus on delivering vaccines and medicines, rather than on building resilient health systems."*** *- in* ***"Meet the world's most powerful doctor: Bill Gates"****, Politico,* ***4 May 2017.***

For more than 30 years, the Global Polio Eradication Initiative has financially supported the WHO global programme for the eradication of poliomyelitis (polio).

Roughly a quarter of WHO's budget goes toward polio eradication.

Please be aware that "viruses" don't exist (viruses only exist in the mind of the uneducated). Poliovirus doesn't exist either. The symptoms or the clinical diagnosis of Polio are present for other reasons, not a "virus"

> ***"Terrific to meet Bill Gates at World Economic Forum 2019 today*** *to discuss the importance of tackling antimicrobial resistance* ***at the global level." - Matt Hancock, Health Secretary UK****, FB,* ***24 January 2019.***

"Microsoft founder and philanthropist Bill Gates discussed funding for global healthcare at the World Economic Forum in Davos, Switzerland on Tuesday. The session focused on ***how a new "financial architecture" could help to boost support for healthcare in developing countries in the future."*** *- in "****Bill Gates talks global health at World Economic Forum*** *in Davos", Euronews,* ***22 January 2019.***

"Bill Gates joins $120 Million fundraising for Editas Medicine gene start-up. Microsoft founder and Google to invest in group developing experimental DNA treatment. Mr Gates has been stepping up his interest in the biotech industry. In May, the Bill & Melinda Gates Foundation invested $52 Million in CureVac, a German company that uses gene science to develop vaccines." *- in "Financial Times",* ***10 August 2015.***

"Bill Gates to help modernise NHS.

Alan Milburn, the health secretary, has enlisted Bill Gates to help pull the health service out of the stone age in information technology.

The Microsoft chairman will fly to Britain this week to tell chief executives of NHS trusts how to develop integrated systems to produce improvements in the speed and quality of patient care.

Mr Gates will attend a Department of Health conference, sponsored by Microsoft, to set the direction for development of IT in the NHS." - in "Bill Gates to help modernise NHS", The Guardian, **3 December 2001**.

"The Medicine & Healthcare products Regulatory Agency (MHRA) extended the emergency authorisation of the Pfizer / BioNTech mRNA jab in the UK to allow it to be given to children between the ages of 12 – 15 on the 4 June 2021.

There was never any doubt that the MHRA would give emergency authorisation for the Pfizer / BioNTech vaccine to be used in children, when you consider that a certain Mr Bill Gates owns shares in both Pfizer and BioNTech and is the primary funder of the MHRA.

Bill & Melinda Gates Foundation bought shares in Pfizer in 2002, and in September 2020.

Bill & Melinda Gates Foundation also bought $55 Million worth of shares in BioNTech in September 2019, shortly before the alleged Covid-19 pandemic." - in "Bill Gates is the primary funder of the MHRA & owns major shares in both Pfizer & BioNTech – Is there any wonder the MHRA authorised the jab for use in children?", The Exposé, 24 July 2021.

> ***"Did you know that Bill Gates private jet flew in to London on Wednesday night? The same day Javid and Sunak resigned, then within the space of 24 hours so did Boris Johnston. The last time Gates arrived in the UK and tried to fly under the radar was on 18 October 2021, the 19 October was a watershed day to renew the temporary provisions of the Coronavirus Act 2020."*** *- in "Why Is Bill Gates In London At The Same Time Boris Johnson Resigned?", Threads Irish, 8 July 2022.*

Just a note to make sure that the reader knows that both **Boris Johnson and Bill Gates are both members of the World Economic Forum**, as per the WEF Website indicates same, both have their introduction profile page.

On the night of the 18 of October 2021, 20 of the most influential business leaders sat down for dinner at 10 Downing Street, London the UK Prime Minister Office, **8 of these unelected "leaders" are members of the World Economic Forum, the next day the 19 of October the Coronavirus Act 2020 was renewed by MP's in the UK Parliament.**

“Boris Johnson will host 20 of the world’s most influential business leaders on Monday evening as he urges them to provide a “rocket boost” for “global Britain”.

Among those sitting down for the power dinner with the prime minister in No 10 will be:

Goldman Sachs boss, David Solomon [WEF member];
JP Morgan CEO, Jamie Dimon [WEF member];
Jes Staley, Head of Barclays Bank [WEF member];
Climate Crisis Campaigner, Bill Gates [WEF member];
Larry Fink, boss of BlackRock [WEF member];
Stephen Schwarzman, CEO Blackstone [WEF member];
Ana Botín, Chairman Santander Bank [WEF member];
UK Foreign Secretary, Liz Truss [WEF member].” - in “Jellied eel canapés and venison: No 10 hosts biggest names in business”, 18 October 2021.

The Fear Narrative

"One of Sunak's big concerns was about the fear messaging, which his Treasury team worried could have long-lasting effects. '

In every brief, we tried to say: let's stop the "fear" narrative.

It was always wrong from the beginning. I constantly said it was wrong.'

The posters showing Covid patients on ventilators were the worst.

'It was wrong to scare people like that.'

The closest he came to defying this was in a September 2020 speech saying that it was time to learn to 'live without fear' – a direct response to the Cabinet Office's messaging.

'They were very upset about that.'

The UK ended up with the worst economic downturn in Europe.

Lockdown – closing schools and much of the economy while sending the police after people who sat on park benches – was the most draconian policy introduced in peacetime.

No. 10 wanted to present it as 'following the science' rather than a political decision, and this had implications for the wiring of government decision-making.

It meant elevating Sage, a sprawling group of scientific advisers, into a committee that had the power to decide whether the country would lock down or not." - Rishi Sunak, former Chancellor of the Exchequer, UK, in "The lockdown files: Rishi Sunak on what we weren't told", The Spectator, 27 August 2022.

Vision 2025: Sri Lanka's Path to Prosperity

"Sri Lanka's new Vision 2025 sets out a course of reforms to make the country more competitive and lift all Sri Lankans' standards of living.

The World Bank is committed to supporting the Government's efforts to strengthen social safety nets.

The main welfare program, Samurdhi, was established in 1996 and has a force of 26,000 civil servants but many of the beneficiaries have been in the program without review since its inception. Reform is long overdue.

Having identified many of the problems and possible solutions, **the test of V2025 now lies in implementation.**

Many critical steps have been taken toward realising the vision outlined in this document, but sustained commitment will be required to see it through.

To see this become a reality, deep and system-wide reforms are needed toward reducing poverty and creating prosperity for all Sri Lankans." - in **"Vision 2025: Sri Lanka's Path to Prosperity", World Bank, 17 October 2017.**

Prime Minister of Sri Lanka How I Will Make My Country Rich by 2025

"Our economic policy, Vision 2025.

We have also played a constructive role in promoting international and regional initiatives in many areas, ranging from the environment **and climate change.**

The purpose of closer engagement with ASEAN is to generate more foreign direct investment (FDI), diversify export markets and **create new technology and people linkages. The upcoming 27th World Economic Forum on ASEAN** in Ha Noi, Viet Nam, provides me with the opportunity to showcase the landmark changes in Sri Lanka and our growing economic interconnection with the ASEAN region and beyond.

It will build upon the foundations of the historical and cultural ties that have existed for many centuries, and which bind our people irrevocably.

The Prime Minister of Sri Lanka, is participating in the World Economic Forum on ASEAN in Ha Noi, Viet Nam, 11-13 September 2018." - Ranil Wickremesinghe, Prime Minister of Sri Lanka, in "Sri Lanka PM: This is how I will make my country rich by 2025", World Economic Forum (WEF), 29 August 2018.

"The World Economic Forum has created a platform to address the world's most pressing issues through a systems approach.

Shaping the Future of Digital Economy and Society.

The Forum has a broad portfolio of projects, grouped under the **Digital ASEAN initiative,** that are collectively helping to **build a regional digital economy.**

Led by a board of governors made up of ASEAN ministers of ICT, Trade and Digital Economy as well as business leaders, this work is focused on issues such as harmonizing the rules for **cross-border data flows and integrating e-payment systems**, as well as promoting basic internet access and digital literacy.

This community will convene at the meeting **to push forward the regional work.**

Shaping the Future of International Trade and Investment.

Given the onset of deep and far-reaching technological progress, the nature of cross-border trade and economic relationships is changing at dizzying speed.

Physical goods are becoming more virtual. Services are becoming more tradeable.

E-commerce is empowering SMEs to go international.

This emerging landscape demands that the region adopt a new approach to building the ASEAN Economic Community, or risk falling behind in this moment of **Global Reset. Shaping the Future of Food Security and Agriculture. The New Vision for Agriculture (NVA) is a global initiative of the World Economic Forum** to improve food security, environmental sustainability and economic opportunity through a market-based, **multistakeholder approach.**

In ASEAN, the New Vision for Agriculture (NVA) has a partnership with the ASEAN Secretariat called Grow Asia, which runs country programmes in Indonesia, the Philippines, Viet Nam, Cambodia and Myanmar.

This work engages key stakeholders – national and local governments; global and local companies; international organizations; civil society and farmer organizations; **research groups and academia.**

At the meeting, Grow Asia will stage a full day of meetings to assess the status of its work and gather input for the year ahead.

Aviation, travel and tourism. **ASEAN has become a top destination for investors and multinationals** in the travel and tourism sectors. Some of this attractiveness stems from the region's efforts to promote economic integration. But, while the creation of the ASEAN Economic Community has been a success on several counts, much remains to be done to ensure **the secure and seamless movement of people.**

Discussions at the meeting will explore new approaches to the **creation of a Known Traveller agreement for ASEAN countries.**

Oil, gas and energy. ASEAN's energy system is going through an unprecedented transition **driven by new technologies, policy shifts** and changes in energy demand.

The World Economic Forum and the ASEAN Council on Petroleum (ASCOPE) initiated a collaboration in 2017 that explores how the region and its oil and gas industry can prepare for and realize the opportunities stemming from the transition.

The meeting provides a chance not only to deepen understanding of how to build an inclusive, affordable, sustainable and secure energy future, but also **to support the design and accelerate the development of effective policies, corporate actions and public-private collaboration.**" - in "World Economic Forum on ASEAN in Ha Noi, Viet Nam, 11-13 September 2018.

Sri Lanka 2020 to 2022
Playing the Pandemic Game

The Sri Lanka Government went along with the pandemic farce, forced lockdowns from 2020 to 2022.

Forced mass vaccinations, placed restrictions to visit the country.

Tourism & Leisure industry is the third largest foreign exchange earner in the Sri Lankan economy, tourism revenue represents 12% of the country's GDP. Sri Lanka earned $4.4 Billion from tourism in 2018.

Sri Lanka's Economy Collapsed

"Sri Lanka's prime minister said late last month that the island nation's debt-laden economy had "collapsed" as it runs out of money to pay for food and fuel. Short of cash to pay for imports of such necessities and already defaulting on its debt, it is seeking help from neighboring India and China and from the International Monetary Fund." - in "XPLAINER: Why Sri Lanka's economy collapsed and what's next", AP, 11 July 2022.

COVID Action Platform

"There is a golden opportunity to seize something good from this crisis... global crises know no borders, and highlight how interdependent we are as one people sharing one planet."

Speaking at the launch of the Forum's Great Reset, those were the words of **HRH the Prince of Wales** on humanity's chance **to craft a more sustainable and equitable world in the wake of the COVID-19 coronavirus pandemic.**

He added: **"Unless we take the action necessary,** and build in a greener and more inclusive and sustainable way, then **we will have more and more pandemics."**

The Great Reset will be the theme of a unique twin summit to be convened by the World Economic Forum in January 2021.

The Great Reset is a commitment to jointly and urgently build the foundations of our economic and social system for a more fair, sustainable and resilient post-COVID future." - in "'A golden opportunity' - HRH the Prince of Wales and other leaders on the Forum's Great Reset", World Economic Forum, **3 June 2020.**

Please bear in mind that this is roughly 3 months since the start of the "pandemic", so this ideas and agendas just pop out from no where, in a very short time period a mere 3 months. Please also be aware that contracts for the advertisement of the pandemic and how dangerous the virus is and that every one should stay at home. The contracts where signed 1 month before the first lockdown was announced in the UK, and was for a 12 month service, which then was renewed for another 12 months.

There Is A Malaise in the West Currently

"There is a malaise in the West currently, where ideological goals are pursued at the expense of the lower middle and working classes.

Whether it's truckers in Canada, farmers in the Netherlands, oil and gas companies in the United States, ideology, not science or hard evidence, is dominating the agenda, gratifying the elites while immiserating the working class.

Ultimately, there is a risk that climate policies will do to Europe what Marxism did to Latin America.

A continent with all the conditions for widespread prosperity and a healthy environment will impoverish and ruin itself for ideological reasons." - Ralph Schoellhammer, Assistant Professor, Economics and Political Science, Webster University, Vienna, in **"A Popular Uprising Against the Elites Has Gone Global",** Newsweek, **7 July 2022.**

"We penetrated the cabinets!

The change is not just happening, the change can be shaped by us!

I see a need to a Great Reset!

People assume, we are just going back to the good old world which we had.

And everything will be normal again. This is, lets say fiction, will not happen.

The next crisis is already waiting for us around the corner, and it is the climate crisis!" - Klaus Martin Schwab, german engineer, economist, founder of the World Economic Forum (WEF)

> ***"There is only one way this pandemic is going to go, It is going to get worse, and worse, and worse."*** *- Tedros Adhanom Ghebreyesus, Director General World Health Organization (WHO).*

The Scientific Folly of the Covid-19 Vaccine

"The history of medicine has taught us that when it comes to scientific evidence today's truth; may be tomorrow's folly.

Within a few months we started to see swathes of vaccinated people being infected.

But despite the overwhelming evidence that the vaccine doesn't prevent transmission, mandates continue to be adopted all over the world, driving greater suspicion.

But, **most concerning of all, is a recent re-analysis of Pfizer's original drug company sponsored trial, that led to the roll out in the first place.**

It suggests the chance of a serious side effect from the vaccine may be greater, than ending up in hospital from Covid.

In retrospect our initial optimism of **the effectiveness of the vaccine was all fuelled by the Public Relations machinery of Pharma whose primary motive is to produce profit for shareholders. They have no legal requirement to give you the best treatment.**

It's now our duty as doctors whose only interest is to protect patients **to get to the truth.**

Ending all coercive policies for Covid-19 vaccination." - Dr Aseem Malhotra, MD, Consultant Cardiologist, in "FB", 16 August 2022.

Covid Mass Vaccination A Public Health Disaster

"Our results show the following overall large-scale features:

- The observed age-group distribution of all-cause mortality risk constitutes proof that the covid-period excess mortality cannot predominantly be due to the presumed SARS-CoV-2 virus or to any viral respiratory disease.

The alternative would be to abandon the accepted body of research on mortality risk by age.

- Instead of the covid-period excess all-cause mortality risk being predominantly (or even moderately) determined by age of the population, the state-wise integrated excess all-cause mortality for the entire 100-week covid period normalized by state population (outcome) is correlated to socio-economic factors that are macro-indicators of state-wise resident vulnerability:

1. The covid-period excess all-cause mortality risk is very strongly correlated to poverty (r = +0.86).
2. The said mortality risk is strongly correlated to MHI (Median Household Income) (r = -0.71).
3. The said mortality risk is strongly correlated to obesity (r = +0.62).
4. The said mortality risk is not correlated simply to age of the population. This is shown for 65+ ages in Figure 23, and is maintained for 75+ and 85+ ages.
5. The said mortality risk is moderately correlated to the number of SSI (Supplemental Security Income) recipients by population (r = +0.51).
6. The said mortality risk is moderately correlated to the number of SSDI (Social Security Disability Insurance) recipients by population (r = +0.47).
7. Whitaker (Whitaker, 2015) has interpreted that the majority of SSI and SSDI recipients can be classified as mentally disabled and receiving prescription psychiatric medication.
8. The said mortality risk is moderately correlated to disability (r = +0.59).

- Despite the fact that there are significant changes in age structure of All-Cause Mortality (ACM) - mortality from all causes of death - by time during the course of the covid period, the overall qualitative behaviour of ACM by time (anomalously large excess mortality and presence of anomalous summer and winter seasonal variations in ACM by time) and **the 50-week-integrated excess ACM are not substantially different in the first half of the 100-week covid period (first 50 weeks of the covid period), in which there was essentially no vaccination campaign, and in the second half of the 100-week covid period (second 50 weeks**

of the covid period), in which most of the Vaccination Campaign was accomplished. Therefore, the suddenly applied and Massive Vaccination Campaign did not induce a large change of regime from one type of ACM by time to another, on the scale of the dramatic change in regime from pre-covid to covid period.

- Regarding mortality averted by vaccination, the COVID-19 vaccination campaign in the USA did not cause any seasonally unambiguous temporally associated decrease in all-cause mortality, for all ages or in any age group. The vaccination campaign did not measurably cause any deaths to be averted. This is contrary to the notion that the vaccines are "effective" in reducing "serious illness" (and presumably death), becoming operative 7-14 days following the time of injection, with the protection presumably lasting at least several months.

- Therefore, although much messaging attention is directed towards life-saving consequences arising from the **mass vaccination campaign in the USA, clearly such effects are both undetectable in all-cause mortality and necessarily small compared to the overwhelming harm from the extraordinary covid-period conditions themselves.**

- Despite the fact that there is no large systematic effect of the vaccination campaign on either 50-week-integrated mortality or main qualitative features of ACM by time, positive or negative, we nonetheless detect significant seasonally unambiguous local temporal associations between increases in number of vaccinated residents and synchronous increases in all-cause mortality, for certain age groups, and most prominently in certain states:

- The said local temporal association is most prominent for the 25-64 years age group in Southern states — which typically have the smallest vaccination rates — including: Florida, Georgia, Louisiana, Mississippi and Alabama.

- The special case of Michigan is also noteworthy, as discussed above. The latter observations lead us to conclude that the large changes in age structure of ACM by time (first half versus second half of the covid period) may be partly or largely due to aggressive "vaccine equity" campaigns that captured immunocompromised young adults in Southern states, thus causing disproportionate mortality among vulnerable young adults in late-summer-2021.

The entire picture of mortality during the covid period in the USA, which included implementation of the vaccination campaign after the first 50 weeks or so, can be modelled as:

Covid-period socio-economic, regulatory, institutional… conditions
→ Psychological Stress / Social Isolation
→ Severely suppressed immune system in most vulnerable residents (+ Vaccine Assault of thus immunocompromised vulnerable residents)
→ Mortality from untreated bacterial Pneumonia (+ Vaccine-Assault Comorbidity) in most vulnerable residents

The model arises as follows:

- We infer from the temporal and jurisdictional characteristics of age-group-resolved excess ACM **that large structural changes in the living and care conditions of residents of the USA — directly enacted by state and institutional players (including employers) during the covid period and including secondary consequences of the said directly enacted changes — are causally associated with the large and sustained excess mortality** in the covid period.

- We infer from correlations with socio-economic factors that severe harm and death were induced by the said covid-period changes in particular classes of residents, such as:

Isolated,
Sick,
Disabled,
Dependent,
Obese,
Poor,
Seriously mentally ill or elderly individuals;

and of course residents who are co-afflicted by such conditions.

- We postulate that **the mechanistic connection between the said covid-period changes and high risk of all-cause death in vulnerable residents is the well-established link between experienced psychological stress and social isolation (factor) and suppressed immunity, ill-health and death (outcome).**

Cause of Death in the Immunocompromised Vulnerable Groups is Bacterial Pneumonia thus a Mass Epidemic of Bacterial Pneumonia at a time when Antibiotic Prescription rates showed an Unprecedented Decrease in addition to Aggressive Vaccine Challenge

- We postulate that the end-point mechanistic cause of death in the thus immunocompromised vulnerable groups is Bacterial Pneumonia, in the midst of a recorded mass Epidemic of Bacterial Pneumonia, at a time when antibiotic prescription rates showed an unprecedented decrease, in addition to aggressive vaccine challenge ("vaccine equity" programs) in late-summer-2021.

The model is developed and contextualized in more detail in the Results and Discussion sections.

It provides a plausible and consistent explanation for all the aspects of the ACM data for the USA, including the large change in age structure of the ACM on entering the vaccination-campaign part of the covid period.

The model is predictive in that any type of comparable sudden socio-economic upheaval, such as war or a Great Depression, in societies with large pools of vulnerable residents, would give rise to this kind of large and rapid increase of mortality, targeting the most vulnerable, with bacterial pneumonia playing a major role.

We have previously advanced that 1918 was such an episode in mid-latitude nations (Rancourt, Baudin and Mercier, 2021b).

Deadly Assault Against Vulnerable Groups Which Killed Approximately 1.27 Million Members of the Said Groups

In conclusion, in terms of all-cause mortality, the covid-period socio-economic, regulatory, institutional… conditions in the USA (from 11 March 2020 to week-5 of 2022) were in-effect a large-scale deadly assault against vulnerable groups, which killed approximately 1.27 Million members of the said groups.

The temporal, jurisdictional and age-group characteristics of the mortality are incompatible with the excess mortality having been primarily caused by the presumed SARS-CoV-2 viral respiratory disease virus.

In the absence of poverty or if the covid-period socio-economic, regulatory, institutional… conditions had not been imposed, there most probably would not have been excess mortality in the USA, which was essentially the case in neighbouring Canada (Rancourt, Baudin and Mercier, 2021b; their Section 4). **The COVID-19 Vaccination campaign, accomplished in the second half of the covid period, did not avert any deaths, and may have been a significant contributing factor causing excess mortality in**

vulnerable-group young adults during late-summer-2021.

In regard to the fundamental results of this study, **we would recommend a transparent and accountable large-scale state, county and community level independent forensic investigation of the deaths, excluding the involvement of interested government agencies and private corporations.**

The mandate should include broad systemic considerations, in addition to specific circumstances, and the investigators should have the necessary powers and resources consistent with the magnitude and extent of the catastrophe, in the hope of preventing any similar public health disaster in the future." - Denis G. Rancourt, PhD, Marine Baudin, PhD, Jérémie Mercier, PhD, in "COVID-Period Mass Vaccination Campaign and Public Health Disaster in the USA", **2 August 2022.**

We Have A Psychopathic Entity Influencing Health Policy

"We have a psychopathic entity influencing health policy, and that needs to stop.

There has been a rise in out-of-hospital cardiac arrests and heart attacks linked to Pfizer's Covid-19 mRNA vaccine, with plausible biological mechanisms of harm.

Pharmacovigilance systems and real-world safety data, coupled with plausible mechanisms of harm, are deeply concerning, especially in relation to cardiovascular safety.

One has to raise the possibility that the excess cardiac arrests and continuing pressures on hospitals in 2021/2022 from non-COVID-19 admissions may all be signalling a non-COVID-19 health crisis exacerbated by interventions, which would of course also include lockdowns and/or vaccines.

Longer-term harms are considered (especially for multiple injections, robust safety data for which simply does not exist), **the roll-out into the entire population seems, at best, a reckless gamble.**

It's important to acknowledge that **the risks of adverse events from the vaccine remain constant.** Having appraised the data, it remains a real possibility that **my father's sudden cardiac death was related to the vaccine.**

The time has come to stop misleading evidence flowing downstream into media reporting and **clinical decision making and resulting in unethical and unscientific policy decisions. There is also a strong scientific, ethical and moral case to be made that the current mRNA vaccine administration must stop.**

Given all the recent well-documented aforementioned shortcomings in medical research integrity (including that possibly half the published medical literature 'may simply be untrue'), the editor of the Lancet Richard Horton wrote in 2015 that science has taken a turn towards darkness and asked who was going to take the first step in cleaning up the system.

The unprecedented roll-out of an emergency use authorisation vaccine without access to the raw data, **with increasing evidence of significant harms, compounded by mandates that appear to serve no purpose other than to bolster profits of the drug industry, have highlighted modern medicine's worst failings on an epic scale, with additional catastrophic harms to trust in public health.**

It cannot be said that the consent to receive these agents was fully informed, as is required ethically and legally.

Authorities and sections of the medical profession have supported unethical, coercive, and misinformed policies such as vaccine mandates and vaccine passports, undermining the principles of informed consent.

These regrettable actions are a symptom of the "medical misinformation mess" — the tip of a mortality iceberg where prescribed medications are estimated to be the third most common cause of death globally after heart disease and cancer.

Ultimately, the conclusion is that we have a psychopathic entity influencing health policy." - Dr Aseem Malhotra, MD, consultant cardiologist, Fellow of the Royal College of Physicians, President of the Scientific Advisory

Committee of The Public Health Collaboration, in "Freeman Reports", 26 September 2022; and in "Curing the pandemic of misinformation on COVID-19 mRNA vaccines through real evidence-based medicine", Journal of Insulin Resistance, 26 September 2022.

Important Note Regarding Vaccines

There are 2 major uses for vaccines either to aid in the creation of antibodies for bacterial toxicity of their cells or of their metabolic activity, or for the creation of an effect of anti-toxin in case of poison, such as snake venom poison.

Under no circumstances are vaccines to be produced from "thin air", or a "secret cocktail", consisting of water and something else, and to be used against an imaginary factor of causation such as a "virus", or for that matter fact, any "viruses".

For "viruses", only exist in the mind of the uneducated, and on the mind, in the state of delirium of the Medical Trade so-called "professionals" and "scientists".

So, in other words, vaccines may be of use if are to be used for the prevention of either bacterial or venom presence in the body.

But not to be given to babies nor to anyone else without both their consent or their parents or without any reason, other than to make profit to the Medical Trade or the Pharmaceutical Industry.

Any vaccine to be of any real useful purpose needs to include one of the following, either:

1. Constituents of the broth, such as peptone, etc. or the venom of a snake, fish, etc., or any other venom but always from something that exists in the physical world, not in the imagination of "scientists", Medical Trade Experts, and other "experts".

2. The Extra-Cellular Toxins of the Bacteria.

3. The free "receptors" arising either by disassociation from, or by the dissolution of the bodies of the bacteria.

4. The undissolved bodies of dead bacteria, with their intra-cellular toxins and constituent receptors.

"Before we consider the various methods of standardisation which have been employed heretofore, it will be necessary to glance for a moment at the nature and constitution of the vaccines which are in common use.

An anti-typhoid vaccine may be prepared in any of the following ways:

a) Sterilising by heat or by some antiseptic, such as lysol or carbolic acid, a well-grown broth culture of bacillus typhosus. This method has been greatly used by Wright and is, we believe, the method still employed by him. A vaccine of this nature was employed by Leishman, Harrison, Smallman and Tulloch in a recent research on the blood changes following anti-typhoid inoculation. We shall call this "broth vaccine".

Vaccines prepared by this method consist of:

1. Constituents of the broth, such as peptone, etc.
2. The Extra-Cellular Toxins of the Bacteria.
3. The free "receptors" arising either by disassociation from, or by the dissolution of the bodies of the bacteria.
4. The undissolved bodies of dead bacteria, with their intra-cellular toxins and constituent receptors.

b) Suspending the surface growth of agar cultures of bacillus typhosus in a fluid medium, such as normal salt solution, and then killing the bacteria in the same way as in the case of broth cultures. This was the original method described by Wright in 1897. It is the method now recommended by a committee of German bacteriologists convoked at the instance of the Prussian Government. Such a vaccine we propose to call agar vaccine. An agar vaccine is of similar composition to a broth vaccine, the constituents of the broth and the extra-cellular toxins being, however, in very small quantity.

c) Dissolving up the bodies of the bacteria, either in a broth culture or in the emulsions of the agar cultures, and then filtering through a porcelain filter. It was first shown by Wright and Windsor that the filtrate of a broth culture of bacillus typhosus, which had been macerating at 37°C. for a period of 5 months, diminished the bactericidal power of a serum with which it was mixed to exactly the same degree as the unfiltered culture.

These workers did not suggest the use of such a filtrate as a vaccine. Strong working with the cholera vibrio prepared a vaccine in the following manner:

The surface growths on agar, 20 hours old, were suspended in sterile water; the bacteria were then killed by heating at 60°C. for from one to 24 hours; the mixture was afterwards put aside in the incubator at 37°C. For from 2 to 5 days and finally filtered through a Reichel candle.

With such a vaccine he was able to immunise animals and to produce both specific agglutinins and bactericidal substances in their blood.

A vaccine prepared in this manner was also used in a few instances on the human subject with results similar to those which were obtained on animals.

A similar method of preparation has been adopted in the case of anti-typhoid vaccine by Bassenge and Mayer.

These workers suspended typhoid bacteria grown on agar in sterile water; the emulsion was well shaken up and then filtered.

By this means a filtrate, free from bacteria and which gave rise on inoculation into animals and men to agglutinating and bactericidal substances, was obtained.

A vaccine prepared by this method we shall designate “filtrate vaccine”, the word “agar” or “broth” being prefixed according as an agar or a broth culture has been used in its preparation.

A filtrate vaccine will be of the same composition as the broth or agar vaccine from which it was prepared, less the bodies of the bacteria and particulate debris, the remains of broken-up organisms.

If such a vaccine is properly prepared, the total receptors which are present in the original emulsion before filtration should be found in the filtrate.

Many advantages have been claimed for these filtrate vaccines, to wit, that being clear and free from suspension their freedom from contamination is easily appreciable even by a layman; that the local and general reactions caused by their injection as much lessened; and finally that the degree of immunity conferred is as great as that given by other vaccines which contain the bodies of the bacteria and lasts as long." - in "On the Standardisation of Anti-typhoid Vaccine", Scientific Memoirs, No.21, 1905.

It is probable that a further book on this topic may be written, we don't have the time to write another book, but, we do have more than enough material of this so-called: Fake and Fraudulent “pandemic”; to write a further 2 if not 3 more books.

This 4 books; on this topic should suffice!

As we have other books on other topics to edit.

May the Lord Who Is Christ Bless you!

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